



Human Services Department

Mark Quam, Executive Director

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MEETING OF THE HUMAN SERVICES BOARD

Thursday, January 15, 2009

**SOPHIE BEAUMONT BUILDING, 111 NORTH JEFFERSON STREET, BOARD ROOM
A, 5:15 P.M.**

AGENDA

1. Call Meeting to Order.
2. Approve/Modify Agenda.
3. Approve Minutes of December 18, 2008 Human Services Board Meeting.
4. **PROGRAM – JUVENILE COURT SUPERVISOR SCOTT SHACKELFORD/DISPROPORTIONATE MINORITY CONFINEMENT GRANT AND HARRY SYDNEY, MY BROTHER'S KEEPER.**
5. Financial Report.
6. Bellin Update Report for December 2008.
7. Prescriptive Authority for Psychologists.
8. Further Discussion on Definition for Adult Out-of-Home Living Arrangements.
9. Review of Policies Pertaining to Billings, Write Offs of Bad Debt.
10. Community Services Director's Report.
11. Director's Report.
-WCHSA Minutes
12. Any Other Matters.
13. Adjourn Business Meeting.

Notices:

Notice is hereby given that action by the Human Services Board may be taken on any of the items, which are described or listed in this agenda.

Please take notice that additional members of the Board of Supervisors may attend this meeting of the Human Services Board, resulting in a majority or quorum of the Board of Supervisors. This may constitute a meeting of the Board of Supervisors for purposes of discussion and information gathering relative to this agenda.

Any person wishing to attend the Human Services Board meeting who, because of a disability, requires special accommodations, should contact the Human Services Department at (920) 448-6006 by 4:30 p.m. on the day before the meeting so that arrangements can be made.

Pursuant to Section 19.84, Wis. Stats. a regular meeting of the HUMAN SERVICES BOARD was held on December 18, 2008, 5:42 p.m. at the Sophie Beaumont Building, 111 North Jefferson Street, Green Bay, Wisconsin

Present: Tom Lund, Paula Geishirt; Barb Bauer, Dottie Schoenleber, Maria Zehren, Rich Langan.

Excused: JoAnn Grashberger. Kathy Hillary.

Present: Mark Quam, Tom Eggebrecht, Diane Pivonka, Gary Tilkens and Mary Vande Leest of the Human Services Department.

The Human Services Board met at the DeBaere Adult Family Home for a tour prior to the start of the Human Services Board meeting.

1. CALL MEETING TO ORDER.

Vice Chair Paula Geishirt called the Human Services Board meeting to order at 5:42 p.m.

2. APPROVE/MODIFY AGENDA.

MOTION WAS MADE BY DOTTIE SCHOENLEBER AND SECONDED BY RICH LANGAN TO APPROVE THE AGENDA AS WRITTEN WITH ONE CHANGE. MOTION CARRIED UNANIMOUSLY.

Vice Chair Geishirt moved Item # 8 "Adult Family Home Program Presentation" by Gary Tilkens to the beginning of the agenda.

8. ADULT FAMILY HOME PROGRAM PRESENTATION.

Gary Tilkens, contracted with by the Human Services Department to certify the Adult Family Homes, gave a brief history and an overview of the certification process for the homes. Discussion was held and questions were answered.

3. APPROVE MINUTES OF NOVEMBER 20, 2008 HUMAN SERVICES BOARD MEETING.

MOTION WAS MADE BY BARB BAUER AND SECONDED BY RICH LANGAN TO APPROVE THE NOVEMBER 20, 2008 MEETING MINUTES AS WRITTEN. MOTION CARRIED UNANIMOUSLY.

3. FINANCIAL REPORT.

Director Quam reported in the fall there was a small deficit at the Mental Health Center and a slight surplus on the Community Programs side. When all is said and done it should be a wash.

4. MHC CENSUS FOR NOVEMBER 2008.

Director Quam reported the census is trending about the same all year with Brown up from last year; much of it due to alcohol related admissions and there is not a lot that can be done about the detox admissions. Discussion was held and questions were answered.

5. BELLIN UPDATE REPORT FOR NOVEMBER 2008.

Director Quam said the report was just informational and reviewed it with Board members. There was a spike in admissions in the middle of last month; however that was not seen in November. Discussion was held and questions answered. Vice Chair Geishirt asked if we could get numbers on which of the children were readmissions and Director Quam said he didn't know if Bellin tracked that however would check into it.

6. CONTRACT UPDATE.

Director Quam reviewed the reports with the Board members, discussion was held and questions answered. A question came up regarding evening trainings and the Human Services Board members desire to be informed of the trainings; if there are evening trainings which members can attend they will be notified.

9. NURSING HOME QUALITY SURVEY.

Inpatient Services Director Diane Pivonka reviewed the guardian survey with Human Services Board members. She pointed out in last years survey "dignity and respect" were rated the lowest and this year these were rated the highest; however "don't usually feel lonely here" is down this year. This tells us that we need to continue to work on our culture change and homelike environment. We also need to increase activities and look to having activities on the p.m. shift. The residents and guardians overall are satisfied with the nursing home. We need to increase activities and look at having some activity staff on p.m. shift. Ms. Pivonka wanted to note how valuable Director of Nursing Mary Johnson is; and also Lisa Smits, Social Worker in the Nursing Home, who received many compliments on her positive attitude. Ms. Schoenleber asked if in planning for the new nursing home area some of things such as "more cheery" are being addressed and Ms. Pivonka replied yes. The department has worked with Horty Elving and their interior design person. Ours is the third nursing home they have designed. They also designed homes in Appleton and Oshkosh. Discussion was held on staff attire and the fact it would be contradictory to a home environment to all wear uniforms. Further discussion was held on room set up.

Inpatient Services Director Pivonka reviewed the Nursing Home Comparison attached and said it shows Brown County is high in restraints; however that has changed and we are down to .5. Ms. Pivonka pointed out that our staffing is higher than the national average however that is due to the type of clients.

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10. TENTATIVE PROGRAMS TOPIC LIST FOR 2009 MEETINGS.

Director Quam reviewed the tentative list for presentation to the Human Services Board in 2009. Discussion was held and Board members agreed to the list as written. The Board would like to meet at the new Community Treatment Center when it opens.

11. COMMUNITY SERVICES DIRECTOR'S REPORT.

Community Services Director Tom Eggebrecht updated Human Services Board members on Family Care. The current status is Brown is seeking to form a Long Term Care district with Door County, Oconto County, Kewaunee County who are committed and with Shawano County and Marinette showing interest. There may also be some growth beyond that. One sticking point is representation on the oversight Board. With Brown being the largest county there is some concern among Board members from smaller counties that Brown would have over weighted representation; this will have to be worked out. With the State budget's projected deficiency it is unknown whether the expansion will take place as previously thought; however the counties are moving forward. Mary Kennedy, retired director from Calumet County, is working with our group as a liaison and she will assist us in applying for a planning grant which will allow us to contract with a managed care organization for technical assistance. The grant amount will be for \$250,000 to allow us to hire or contract for an executive position to assist in planning. We anticipate meeting with the State in February to test the waters; the Long Term Care District counties have decided behind the scenes to continue planning with or without the grant. Further discussion was held

Mr. Eggebrecht in response to the training issue brought up, said the department found in the last month that there was a misunderstanding of the role of our Planning, Evaluation and Quality Management unit by some of the other departments. In the current climate there is a desire to maximize efficiencies. Karen Recka is our Planning, Evaluation and Quality Manager and there was a misunderstanding of how much training she does and some wanted the position moved to the Department of Administration. Training is a small part of her job. Ms. Recka does a lot of quality assurance with us. Discussion was held.

12. DIRECTOR'S REPORT.

Director Quam reported on an Appeals Committee hearing with regard to the food supplier for the Mental Health Center. The contract was awarded to a new provider and the current provider appealed. The Committee upheld the award to the new provider. Discussion was held.

Director Quam announced that the Director of Cerebral Palsy, Ted Phernetton has taken a position as Human Services Director for Waupaca County.

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Drug Court development is moving along. A position description has been distributed and applications are being accepted until tomorrow. The County is also going through a process to be accepted for national training in March. Discussion was held.

13. ANY OTHER MATTERS.

None.

14. ADJOURN BUSINESS MEETING.

MOTION WAS MADE BY RICH LANGAN AND SECONDED BY DOTTIE SCHOENLEBER TO ADJOURN THE MEETING. MEETING WAS ADJOURNED AT 7:08 P.M.

Respectfully submitted:

Mary Sue Vande Leest

Mary Sue Vande Leest
Administrative Secretary

Brown County
Community Programs
Budget Status Report
10/31/2008

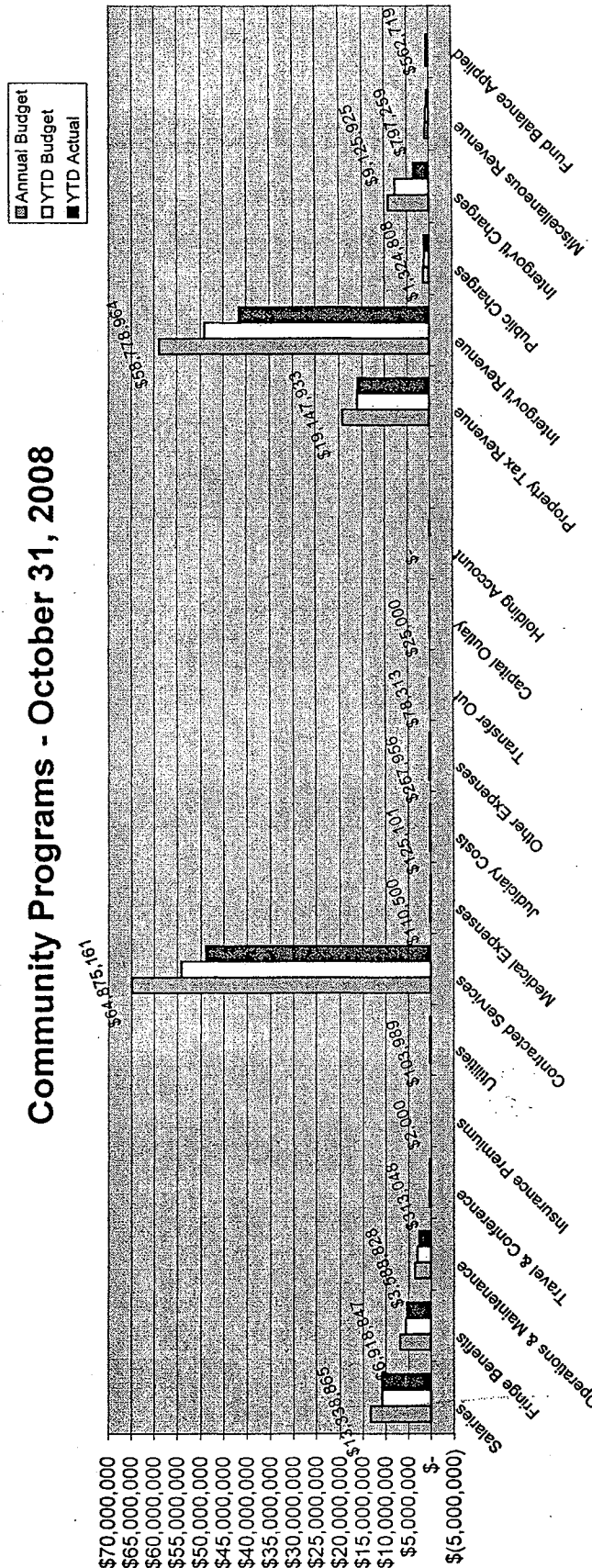
	Annual Budget	YTD Budget	YTD Actual
Salaries	\$ 13,338,865	\$ 10,773,988	\$ 10,861,165
Fringe Benefits	\$ 6,918,847	\$ 5,588,299	\$ 5,350,262
Operations & Maintenance	\$ 3,588,828	\$ 3,001,388	\$ 2,647,197
Travel & Conference	\$ 313,048	\$ 260,872	\$ 258,844
Insurance Premiums	\$ 2,000	\$ 1,667	\$ 1,011
Utilities	\$ 103,989	\$ 86,658	\$ 80,086
Contracted Services	\$ 64,875,161	\$ 54,083,960	\$ 48,900,021
Medical Expenses	\$ 110,500	\$ 92,084	\$ 68,047
Judiciary Costs	\$ 125,101	\$ 104,251	\$ 54,074
Other Expenses	\$ 257,956	\$ 214,963	\$ 236,297
Transfer Out	\$ 78,313	\$ 78,313	\$ -
Capital Outlay	\$ 25,000	\$ 20,833	\$ 15,932
Holding Account	\$ -	\$ -	\$ (49,945)
Property Tax Revenue	\$ 19,147,933	\$ 15,956,611	\$ 15,956,610
Intergov't Revenue	\$ 58,778,964	\$ 49,003,796	\$ 41,475,491
Public Charges	\$ 1,324,808	\$ 1,104,007	\$ 1,176,261
Intergov't Charges	\$ 9,125,925	\$ 7,805,187	\$ 3,471,892
Miscellaneous Revenue	\$ 797,259	\$ 664,384	\$ 418,596
Fund Balance Applied	\$ 562,719	\$ 479,630	\$ -

HIGHLIGHTS:

Expenses: All expense categories have a savings. The holding account expenses will be distributed to the appropriate line item.

Revenues: Revenue does not get recorded in the month earned, but lags 1 - 2 months.

Community Programs - October 31, 2008



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Brown County Economic Support and Community Services
Preliminary Variance Forecast Based on
October 2008 Financials

(Unaudited)

	Monthly Actual	Monthly Budget	YTD Actual	YTD Budget	Annual Budget	Annual Forecast	Variance
Agency Management Division:							
Agency Management	\$ 24,747	\$ 25,005	\$ 239,171	\$ 262,421	\$ 324,813	\$ 287,005	\$ 37,808
Agency Support	207,838	164,335	1,855,542	1,699,307	2,041,955	2,226,650	(184,695)
Financial Services	140,874	105,014	1,083,979	1,102,561	1,365,012	1,300,775	64,237
Management & Info. Sys.	47,503	77,004	658,058	792,238	946,245	789,670	156,575
Contract Administration	24,650	19,308	185,670	199,963	245,466	222,804	22,662
Quality Improvement	18,057	15,196	134,672	237,799	275,716	239,919	35,797
Total Agency Management	\$ 463,669	\$ 405,862	\$ 4,157,092	\$ 4,294,289	\$ 5,199,207	\$ 5,066,823	\$ 132,384
Economic Support Division							
Fraud Investigation	\$ 20,378	\$ 13,074	\$ 164,857	\$ 136,820	\$ 169,045	\$ 195,065	\$ (26,020)
Economic Support Unit	85,447	70,562	711,669	725,897	887,297	846,303	40,994
Economic Support Certification	240,899	181,494	1,949,036	1,896,997	2,342,049	2,306,497	35,552
Economic Support - Child Daycare	26,929	18,392	210,594	192,513	237,873	250,486	(12,613)
Sub Total Econ Supp Provided Serv	373,653	283,522	3,036,156	2,952,227	3,636,264	3,598,351	37,913
Economic Support Purch. Serv.							
Child Day Care	\$ (327)	\$ -	\$ (16,477)	\$ -	\$ -	\$ (19,772)	\$ 19,772
EAP Program	21,630	17,767	176,921	177,668	213,201	213,201	-
Interpreter Service	1,897	1,000	13,134	10,000	12,000	15,761	(3,761)
Other Purch Serv.	17,135	17,667	211,170	176,672	212,006	253,403	(41,397)
Sub Total Economic S. Purch. Serv.	40,335	36,434	384,748	364,340	437,207	462,593	(25,386)
Total Economic Support	\$ 413,988	\$ 319,956	\$ 3,420,904	\$ 3,316,567	\$ 4,073,471	\$ 4,060,944	\$ 12,527
Children's Services Division:							
Adolescent Services	\$ 146,796	\$ 104,269	\$ 1,127,641	\$ 1,094,005	\$ 1,353,847	\$ 1,393,169	\$ (39,322)
Child Protect Services - Intake	85,631	70,429	659,267	738,901	914,370	811,120	103,250
Child Protect Services - Ongoing	177,857	143,846	1,324,717	1,503,883	1,857,002	1,629,660	227,342
Shelter Care	75,092	65,501	618,659	682,376	840,747	762,390	78,357
Volunteer Services	26,654	16,853	203,236	174,621	214,423	243,883	(29,460)
Children & Family Support	130,294	95,200	977,941	988,910	1,236,211	1,303,921	(67,710)
Sub Total Children Serv Provided Serv	642,324	496,098	4,911,461	5,192,696	6,416,600	6,144,144	272,456

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Brown County Economic Support and Community Services
Preliminary Variance Forecast Based on
October 2008 Financials

(Unaudited)

	Monthly Actual	Monthly Budget	YTD Actual	YTD Budget	Annual Budget	Annual Forecast	Variance
Purchase Services Child & Fam.							
Alternate Care	\$ 237,888	\$ 206,263	\$ 2,072,406	\$ 2,062,623	\$ 2,475,147	\$ 2,846,691	\$ (371,544)
Wrap Around	27,259	25,000	267,243	250,000	300,000	320,692	(20,692)
Child & Family Incentive Funds	37,242	13,313	242,558	133,132	159,758	211,028	(51,270)
Children's Autism Program	99,418	154,087	1,289,873	1,540,869	1,849,043	1,816,926	32,117
Child Abuse	-	26,764	267,339	267,637	321,164	320,807	357
Children's CLTS Waiver	113,841	138,665	1,190,491	1,386,651	1,663,981	1,680,514	(16,533)
Children and Family Services	9,872	15,460	87,898	154,599	185,519	185,519	-
Bed Hold	-	13,049	120,013	130,483	156,579	156,579	-
CFS Respite	446	1,667	3,062	16,667	20,000	20,000	-
DMC Grant	5,044	5,000	51,564	50,000	60,000	60,000	-
Healthy Families	-	18,052	180,517	180,517	216,620	216,620	-
Birth to Three	58,217	89,654	841,361	896,545	1,075,854	1,176,882	(101,028)
Youth Aids	118,483	82,871	864,325	828,719	994,464	1,054,129	(59,665)
Youth Aids Independent Living	4,996	3,592	41,472	35,918	43,101	43,101	-
Respite Care	4,167	12,500	96,844	125,000	150,000	119,887	30,113
Domestic Violence	-	2,045	35,665	20,455	24,546	42,798	(18,252)
Family Preservation & Sup. Grant	-	6,008	60,104	60,083	72,100	72,100	-
Family Training	21,540	22,500	183,557	225,000	270,000	270,000	-
CISN Program	13,544	24,552	214,164	245,513	294,615	256,997	37,618
Family Based Services	-	1,294	13,140	12,945	15,534	15,768	(234)
Family Planning	-	417	-	4,167	5,000	1,000	4,000
Kinship Care - Abuse & Neglect	63,640	43,005	496,435	430,053	516,064	516,064	-
Teen Parenting Skills	-	15,000	90,000	150,000	180,000	120,000	60,000
Other	61,848	51,516	689,040	515,151	618,181	790,479	(172,298)
Sub Total Children Serv Purchased Serv	877,445	972,274	9,399,071	9,722,727	11,667,270	12,314,581	(647,311)
Total Children's Services Division	\$ 1,519,769	\$ 1,488,372	\$ 14,310,532	\$ 14,915,423	\$ 18,083,870	\$ 18,458,725	\$ (374,855)
Adult Services:							
Adult Intake	\$ 47,282	\$ 33,450	\$ 354,626	\$ 349,725	\$ 431,850	\$ 425,539	\$ 6,311
Community Support - COP	148,638	109,609	1,129,917	1,150,172	1,423,463	1,355,888	67,575
Community Support - DD	199,056	134,819	1,523,675	1,414,736	1,750,921	1,828,398	(77,477)
Information & Assessment	54,235	38,547	414,795	406,124	502,379	497,742	4,637
AODA Services	75,501	62,237	544,365	652,618	807,342	623,826	183,516
Community Treatment - MI	346,251	234,237	2,306,790	2,437,793	3,001,692	2,693,412	308,280
Protective Payee	38,789	30,610	307,438	321,146	397,406	368,926	28,480
Community Supportive Services	31,686	25,504	229,932	264,128	324,224	271,036	53,188

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Brown County Economic Support and Community Services
Preliminary Variance Forecast Based on
October 2008 Financials

(Unaudited)

	Monthly Actual	Monthly Budget	YTD Actual	YTD Budget	Annual Budget	Annual Forecast	Variance
AODA/CTP/CSP Support Services							
Personal Care Nurses	55,595	64,808	450,084	661,276	804,076	584,794	219,282
Community Crisis Response Team	42,761	37,320	321,370	388,690	478,819	385,632	93,187
Sub Total Adult Services Provided Services	10,366	9,747	79,516	101,192	124,398	95,407	28,991
	1,050,160	780,888	7,662,508	8,147,600	10,046,570	9,130,600	915,970
Purchased Services:							
Aging Disabilities	\$ 52,175	\$ 94,907	\$ 1,226,991	\$ 949,087	\$ 1,138,880	\$ 1,138,880	\$ -
Elder Abuse Grant	430	5,222	29,747	52,222	62,666	59,232	3,434
Elderly Community Aids/Levy	12,544	7,178	71,764	71,773	86,127	98,046	(11,919)
AODA Block Grant	50,090	66,667	696,316	666,667	800,000	958,491	(158,491)
AODA - MHC	50,011	29,750	324,028	297,500	357,000	431,785	(74,785)
AODA - Community Aids/Levy	40,669	31,016	391,820	310,161	372,193	561,297	(189,104)
Intoxicated Driver Program	6,958	4,000	50,051	40,000	48,000	74,961	(26,961)
IV - Drug Abuse Treatment	18,482	7,500	100,720	75,000	90,000	123,718	(33,718)
COP Services	150,801	124,830	1,266,813	1,248,298	1,497,957	1,585,904	(87,947)
COP Administration	10,963	2,930	16,893	29,296	35,155	105,742	(70,587)
COP Waiver Services	447,781	434,441	3,850,699	4,344,411	5,213,293	4,348,673	864,620
Nursing Home Relocations	50,036	129,008	381,651	1,290,081	1,548,097	548,854	999,243
Personal Care Asses. & Serv.	-	505,266	458	5,052,658	6,063,190	6,809,618	(746,428)
PH & Sensory - Community Aids/Levy	2,913	2,981	49,255	29,815	35,778	66,214	(30,436)
CIP II Services	338,670	184,123	3,155,401	1,841,229	2,209,475	3,368,384	(1,158,909)
CIP 1A Services	387,774	283,237	3,147,557	2,832,363	3,398,835	3,092,298	306,537
CIP 1B Services & CSLA	1,361,596	1,075,714	11,266,001	10,757,133	12,908,559	13,059,716	(151,157)
Brain Injury Prg. Services	32,357	27,653	280,416	276,534	331,841	326,865	4,976
DD - Community Integration	711,794	603,518	6,645,659	6,035,176	7,242,211	7,374,794	(132,583)
DD Community Aids	(36,325)	61,280	240,256	612,796	735,355	463,573	271,782
DD - Advocacy	-	2,593	26,441	25,923	31,107	31,107	-
DD Family Support	2,566	10,917	67,087	109,167	131,000	102,624	28,376
DD - Respite	-	833	-	8,333	10,000	-	10,000
DD - Transition Students	-	5,855	4,968	58,546	70,255	146,566	(76,311)
MI Community Aids/Levy	195,444	189,840	2,120,373	1,898,397	2,278,076	2,854,075	(575,999)
MI Community Aids/Levy - MHC	175,527	145,250	1,366,568	1,452,500	1,743,076	1,850,391	(107,391)
Crisis Respite	-	2,400	-	24,000	28,800	-	28,800
Crisis Stabilization	16,854	23,390	73,252	233,893	280,671	87,902	192,769
Crisis - Waivers	-	13,833	-	138,333	166,000	-	166,000
IMD OBRA Reallocations	47,356	27,491	297,998	274,906	329,887	430,579	(100,692)
CCS Program	30,249	114,011	395,305	1,140,107	1,368,128	466,419	871,709
MI Diversion Facility	-	51,658	516,582	516,583	619,900	619,898	2
MI - Block Grant	63,192	58,333	584,985	583,333	700,000	700,000	-

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Brown County Economic Support and Community Services
Preliminary Variance Forecast Based on
October 2008 Financials

(Unaudited)

	Monthly Actual	Monthly Budget	YTD Actual	YTD Budget	Annual Budget	Annual Forecast	Variance
Homeless Shelter Prg.	-	4,583	33,500	45,833	55,000	55,000	-
Grants	30,396	17,811	250,909	306,031	341,654	335,919	5,735
Prior Year Expenditures	(9,229)	-	(30,602)	-	-	(30,602)	30,602
Other	394	532	1,838	5,332	6,400	1,838	4,562
Sub Total Adult Services Purchases Services	4,242,468	4,350,551	38,921,700	43,633,397	52,334,490	52,278,761	55,729
Total Adult Services Division	\$ 5,292,628	\$ 5,131,439	\$ 46,584,208	\$ 51,780,997	\$ 62,381,060	\$ 61,409,362	\$ 971,698
Total Holding Account	\$ 86,567	\$ -	\$ (49,945)	\$ -	\$ -	\$ -	\$ -
Grand Total Expenditures	\$ 7,776,621	\$ 7,325,629	\$ 68,422,791	\$ 74,307,276	\$ 89,737,608	\$ 88,995,854	\$ 741,754
Revenues:							
General Property Taxes	\$ 1,595,661	\$ 1,595,661	\$ 15,956,610	\$ 15,956,611	\$ 19,147,933	\$ 19,147,933	\$ -
State Funds	4,801,022	4,887,587	41,475,491	49,003,796	58,778,964	59,586,234	(807,270)
Public Charges	191,229	110,400	1,176,261	1,104,007	1,324,808	1,403,350	(78,542)
Intergovernmental Charges	216,031	760,370	3,471,892	7,605,187	9,125,925	7,305,383	1,820,542
Misc. Revenue	20,187	53,103	340,321	531,023	637,226	368,500	268,726
Transfer In	6,502	7,407	78,275	74,063	88,875	88,875	-
AODA MHC Transfer	-	5,930	-	59,298	71,158	-	71,158
Fund Balance Applied	-	41,545	-	479,630	562,719	1,095,579	(532,860)
Total Revenues:	\$ 6,830,632	\$ 7,462,003	\$ 62,498,850	\$ 74,813,615	\$ 89,737,608	\$ 88,995,854	\$ 741,754

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**BROWN COUNTY HUMAN SERVICES DEPARTMENT
MENTAL HEALTH CENTER
M E M O R A N D U M**

TO: Mark Quam
Diane Pivonka
Kelly Selner

FROM: Margaret Hoff

DATE: November 25, 2008

RE: 2008 October Projection

Attached is a projection of October and 2008-year end. The assumptions made in preparing the projection are that census; charges, collection rate and spending will be fairly consistent with the first ten months of this year. The write-off percent figures are based on our actual collections and charges adjusted per monthly review of our accounts receivable value.

The allocations used are based on 2007 activity. Because allocations are based on a total year of activity, the 2007 expense allocation is not the final %'s that will be used for 2008. At year end the allocations will be updated with 2008 information which may cause a shift in expenses by program.

The projection based on current activity reflects a loss of about \$ 455,000; the budget is based on a loss of \$243,225 due to the unfunded depreciation expense. Expenses are predicted to come in at approximately \$766,000 over budget. The largest amount over budget is in payroll and temporary staffing costs, due to the increase in numbers and acuity of hospital and nursing home clients served.

Based on the first ten months we are projecting revenues at an amount of approximately \$554,000 over the budget.

Revenue for the inpatient activity is greater than budgeted because we have provided 1369 days of care above what was anticipated in the budget during the first ten months. The Unit 7 write-off rate is greater than budgeted and will be adjusted as 2008 collections are booked.

The Nursing Home days are projected to come in at budget. We are providing more days of care to private pay residents than budgeted for the first ten months resulting in an increase in nursing home revenue. We also received a "one time" state award of \$273,169 resulting in NH revenues coming in over budget.

Ancillary and miscellaneous revenues are projected to come in 17%Bring gift (\$15 - \$20)
Food to pass (saled)
to 18 % less than budgeted.

Attachment

Brown County Human Services: Mental Health Center
Financial Statements
October 31, 2008

Expenses	Oct-08 Actual	One Month		(Over)		YTD		(Over)		YTD		Projection		Annual	
		Budget	Under	Budget	Under	Budget	Under	Budget	Under	Budget	Under	December 31, 2008	December 31, 2008	Budget	Variance
Hospital	\$501,750	\$521,727	\$19,977	\$5,511,004	\$5,147,188	\$6,593,205	\$6,593,205	\$6,593,205	\$6,593,205	\$6,593,205	\$6,593,205	\$6,593,205	\$6,593,205	\$6,593,205	\$6,593,205
Nursing Facility	667,352	\$622,410	(\$44,942)	6,481,015	\$6,140,485	7,751,426	7,751,426	7,751,426	7,751,426	7,751,426	7,751,426	7,751,426	7,751,426	7,751,426	7,751,426
Ancillary Services	18,483	\$18,155	(\$327)	170,181	\$179,114	\$204,229	\$204,229	\$204,229	\$204,229	\$204,229	\$204,229	\$204,229	\$204,229	\$204,229	\$204,229
Rental of Space	\$17,403	\$18,577	\$1,174	\$162,242	\$183,272	\$194,690	\$194,690	\$194,690	\$194,690	\$194,690	\$194,690	\$194,690	\$194,690	\$194,690	\$194,690
Billing Services to CTP	\$45,092	\$46,593	\$1,490	\$428,267	\$459,570	\$513,921	\$513,921	\$513,921	\$513,921	\$513,921	\$513,921	\$513,921	\$513,921	\$513,921	\$513,921
Total Expenses	\$1,250,080	\$1,227,452	(\$22,628)	\$12,752,719	\$12,109,628	\$15,257,471	\$15,257,471	\$15,257,471	\$15,257,471	\$15,257,471	\$15,257,471	\$15,257,471	\$15,257,471	\$15,257,471	\$15,257,471
Revenues															
Hospital	\$479,787	\$563,347	\$83,560	\$5,798,620	\$5,542,611	6,958,344	6,958,344	6,958,344	6,958,344	6,958,344	6,958,344	6,958,344	6,958,344	6,958,344	6,958,344
Nursing Facility	325,848	\$300,441	(\$25,207)	3,208,278	\$2,955,950	3,849,934	3,849,934	3,849,934	3,849,934	3,849,934	3,849,934	3,849,934	3,849,934	3,849,934	3,849,934
Ancillary Services	\$14,594	\$22,859	\$8,265	\$184,482	\$224,908	\$221,379	\$221,379	\$221,379	\$221,379	\$221,379	\$221,379	\$221,379	\$221,379	\$221,379	\$221,379
Rental of Space	\$11,711	\$11,942	\$231	\$115,901	\$117,493	\$139,081	\$139,081	\$139,081	\$139,081	\$139,081	\$139,081	\$139,081	\$139,081	\$139,081	\$139,081
Billing Services to CTP	31,558	\$32,567	\$1,010	\$315,592	\$320,422	\$378,710	\$378,710	\$378,710	\$378,710	\$378,710	\$378,710	\$378,710	\$378,710	\$378,710	\$378,710
Tax Levy	\$275,694	\$275,694	\$0	\$2,712,472	\$2,712,472	\$3,254,966	\$3,254,966	\$3,254,966	\$3,254,966	\$3,254,966	\$3,254,966	\$3,254,966	\$3,254,966	\$3,254,966	\$3,254,966
Total Revenues	\$1,138,992	\$1,206,851	\$67,859	\$12,335,345	\$11,873,853	\$14,802,414	\$14,802,414	\$14,802,414	\$14,802,414	\$14,802,414	\$14,802,414	\$14,802,414	\$14,802,414	\$14,802,414	\$14,802,414
Expenses (over) under revenues	(\$111,088)	(\$20,801)	\$90,487	(\$417,374)	(\$235,774)	(\$465,057)	(\$465,057)	(\$465,057)	(\$465,057)	(\$465,057)	(\$465,057)	(\$465,057)	(\$465,057)	(\$465,057)	(\$465,057)

December 26, 2008

Mr. Mark Quam, Director
Brown County Human Services
111 N. Jefferson St
P O Box 22188
Green Bay WI 54305-2188

Dear Mr. Quam:

Thank you for agreeing to present this information to the Brown County Board of Supervisors.

I have attached an Excel spreadsheet that shows the daily census in the Adolescent Unit per addendum to the memorandum of understanding. Bellin Psychiatric Center did not transfer any involuntary adolescents to other institutions, nor were any admissions refused.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Linda S. Roethle, M.S.
President

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BROWN COUNTY
ADOLESCENT CENSUS
DECEMBER 2008

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day 1 - 6		1-Dec	2-Dec	3-Dec	4-Dec	5-Dec	6-Dec
Other		1	1	1	1	1	1
Brown County Voluntary		0	0	0	0	1	1
Brown County Involuntary		0	1	1	2	2	4
Total		1 Total	2 Total	2 Total	3 Total	4 Total	6 Total
Day 7 - 13	7-Dec	8-Dec	9-Dec	10-Dec	11-Dec	12-Dec	13-Dec
Other	1	3	3	3	5	5	4
Brown County Voluntary	1	1	1	2	1	2	2
Brown County Involuntary	4	4	4	3	1	1	0
Total	6 Total	8 Total	8 Total	8 Total	7 Total	8 Total	6 Total
Day 14 - 20	14-Dec	15-Dec	16-Dec	17-Dec	18-Dec	19-Dec	20-Dec
Other	5	5	4	6	5	5	4
Brown County Voluntary	2	2	1	1	0	1	0
Brown County Involuntary	1	2	2	2	2	3	1
Total	8 Total	9 Total	7 Total	9 Total	7 Total	9 Total	5 Total
Day 21 - 28	21-Dec	22-Dec	23-Dec	24-Dec	25-Dec	26-Dec	27-Dec
Other	4	6	5	5	3	4	4
Brown County Voluntary	0	0	0	0	0	0	0
Brown County Involuntary	1	2	1	1	1	1	1
Total	5 Total	8 Total	6 Total	6 Total	4 Total	5 Total	5 Total
Day 29 - 31	28-Dec	29-Dec	30-Dec	31-Dec			
Other	2	2	3	1			
Brown County Voluntary	1	1	1	0			
Brown County Involuntary	2	2	1	0			
Total	5 Total	5 Total	5 Total	1 Total			

6

1/6/2009

Reported by:
Bellin Psychiatric Center

THandrick
433-3578

Supporting Prescriptive Authority for Wisconsin Psychologists

We, the undersigned organizations, support the passage of legislation in Wisconsin that would enable the Psychology Examining Board to set appropriate standards of training and experience for psychologists to prescribe psychiatric medications. We believe that, by doing so, we can alleviate the burden currently carried by vulnerable patients, their families, their communities, the health care system, state institutions and organizations which rely on expert mental health intervention.

A recent survey of overburdened county mental health clinics in Wisconsin found that, on average, a new patient has to wait more than nine weeks for an initial appointment with a psychiatrist. In ten counties, the wait is three months, and in several more the delay is greater than a year. At the same time that there is a shortage of psychiatrists both in Wisconsin and nationwide, the number of medical school graduates entering training programs in psychiatry is decreasing. As the shortage increases, the cost of subsidizing psychiatric coverage in many communities will continue to rise, and fewer communities will be able to afford psychiatrists in their area.

This situation puts a significant burden on primary care physicians, nurse practitioners and physician assistants, who currently prescribe more than 80% of medications used for psychiatric problems, even though the vast majority of these professionals do not specialize in mental health. The shortage of expert mental health clinicians who prescribe medication when needed can be alleviated by psychologists who have completed two to three years of specialized training in psychopharmacology over and above their doctoral degree.

Psychologists with this additional training have provided safe and effective treatment that combines psychotherapy, behavioral therapy and medication in the U.S. military for more than 15 years, and also currently prescribe in New Mexico, Louisiana, the Indian Health Service, and the U.S. Public Health Service. Legislation to enable appropriately trained psychologists to prescribe medicine should be supported and passed into law.

Organization

Name _____

Address _____

Representative

Name / Position _____

Signature _____

Prescriptive Authority for Psychologists in Wisconsin

A recent study of county mental health clinics in Wisconsin found that on average a new patient has to wait more than nine weeks for an initial appointment with a psychiatrist. In ten counties, the wait is three months, and in several more, the delay is greater than a year! Consequently, our most needy citizens often have limited or no access to expert mental health care that requires medication. Among the most vulnerable are:

- The elderly living at home and in group and nursing homes suffering from dementia
- The chronically mentally ill who depend on county support to maintain stability
- Children and youth with problems ranging from the mild to overwhelmingly severe
- The urban and rural poor who can't afford private services
- The incarcerated at high risk for mental illness and repeat offenses
- Families in crisis due to any number of calamities

Nationally, Family Practice Physicians, Nurse Practitioners and Physician's Assistants prescribe about 80% of the psychoactive medications utilized. The fact is that these professionals are not providing comprehensive mental health treatment but, rather, attempting to do the best they can in the context of a 6-minute medical consultation.

A new "subspecialty" of psychology can help to provide a new resource for our most vulnerable citizens: highly trained psychologists who are able to prescribe medications.

In 1989-92, the Department of Defense developed a Psychopharmacology Training Program for psychologists, and has utilized Prescribing Psychologists successfully ever since. Following the DoD's lead, the American Psychological Association established a university-based Psychopharmacology Training curriculum, as well as a standardized national examination, practice standards, and professional liability insurance program.

Guam (1998), New Mexico (2002) and Louisiana (2004) have all passed legislation authorizing appropriately trained psychologists to prescribe medications commonly used in the treatment of mental and emotional disorders. To date, over 100,000 prescriptions have been written by civilian and military psychologists, with *no reported adverse outcomes or malpractice claims*. Prescribing Psychologists have been welcomed by most physician colleagues, in a manner similar to the acceptance of Nurse Practitioners. Bills have been introduced in about a half-dozen other states, including Missouri, California and Illinois, with many more on the horizon.

Wisconsin's proposed Prescriptive Authority for Psychologists legislation requires:

- Three years of general practice following licensure as a doctoral-level psychologist
- The completion of an APA-approved 450 credit-hour curriculum covering the foundational biological sciences, pharmacology and psychopharmacology, etc.
- The completion of a one-year, 100 patient preceptorship under the supervision of an appropriate physician
- Following licensure, Prescribing Psychologists would maintain consultative relationship(s) with physicians and other prescribers

This training program equals or exceeds that of most currently licensed prescribers. As an added benefit, prospective Prescribing Psychologists are already situated in county agencies, nursing homes, medical clinics, hospitals, etc., and are in an excellent position to provide efficient, "integrated" care.

ADULT OUT OF HOME LIVING ARRANGEMENTS CHAPTER 50 WISCONSIN STATUTES

50.01 Definitions. As used in this subchapter:

(1) "Adult family home" means one of the following: (a) A private residence to which all of the following apply:

1. Care and maintenance above the level of room and board but not including nursing care are provided in the private residence by the care provider whose primary domicile is this residence for 3 or 4 adults, or more adults if all of the adults are siblings, each of whom has a developmental disability, as defined in s. 51.01 (5), or, if the residence is licensed as a foster home, care and maintenance are provided to children, the combined total of adults and children so served being no more than 4, or more adults or children if all of the adults or all of the children are siblings, or, if the residence is licensed as a treatment foster home, care and maintenance are provided to children, the combined total of adults and children so served being no more than 4.
2. The private residence was licensed under s. 48.62 as a foster home or treatment foster home for the care of the adults specified in subd. 1. at least 12 months before any of the adults attained 18 years of age.

(b) A place where 3 or 4 adults who are not related to the operator reside and receive care, treatment or services that are above the level of room and board and that may include up to 7 hours per week of nursing care per resident. "Adult family home" does not include a place that is specified in sub. (1g) (a) to (d), (f) or (g).

(1d) "Residential care apartment complex" means a place where 5 or more adults reside that consists of independent apartments, each of which has an individual lockable entrance and exit, a kitchen, including a stove, and individual bathroom, sleeping and living areas, and that provides, to a person who resides in the place, not more than 28 hours per week of services that are supportive, personal and nursing services. "Residential care apartment complex" does not include a nursing home or a community-based residential facility, but may be physically part of a structure that is a nursing home or community-based residential facility. In this subsection, "stove" means a cooking appliance that is a microwave oven of at least 1,000 watts or that consists of burners and an oven.

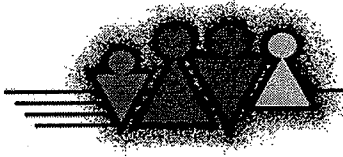
(1e) "Basic care" includes periodic skilled nursing services or physical, emotional, social or restorative care.

(1g) "Community-based residential facility" means a place where 5 or more adults who are not related to the operator or administrator and who do not require care above intermediate level nursing care reside and receive care, treatment or services that are above the level of room and board but that include no more than 3 hours of nursing care per

week per resident. "Community-based residential facility" does not include any of the following:

- (a) A convent or facility owned or operated by members of a religious order exclusively for the reception and care or treatment of members of that order.
 - (b) A facility or private home that provides care, treatment, and services only for victims of domestic abuse, as defined in s. 49.165 (1) (a), and their children.
 - (c) A shelter facility as defined under s. 560.9808 (1) (d).
 - (d) A place that provides lodging for individuals and in which all of the following conditions are met:
 - 1. Each lodged individual is able to exit the place under emergency conditions without the assistance of another individual.
 - 2. No lodged individual receives from the owner, manager or operator of the place or the owner's, manager's or operator's agent any of the following:
 - a. Personal care, supervision or treatment, or management, control or supervision of prescription medications
 - b. Care or services other than board, information, referral, advocacy or job guidance; location and coordination of social services by an agency that is not affiliated with the owner, a manager or operator, for which arrangements were made for an individual before he or she lodged in the place; or, in the case of an emergency, arrangement for the provision of health care or social services by an agency that is not affiliated with the owner, manager or operator.
 - (e) An adult family home.
 - (f) A residential care apartment complex.
 - (g) A residential facility in the village of Union Grove that was authorized to operate without a license under a final judgment entered by a court before January 1, 1982, and that continues to comply with the judgment notwithstanding the expiration of the judgment.
- (3) "Nursing home" means a place where 5 or more persons who are not related to the operator or administrator reside, receive care or treatment and, because of their mental or physical condition, require access to 24-hour nursing services, including limited nursing care, intermediate level nursing care and skilled nursing services. "Nursing home" does not include any of the following:

- (c) A convent or facility owned or operated exclusively by and for members of a religious order that provides reception and care or treatment of an individual.
- (d) A hospice, as defined in s. 50.90 (1), that directly provides inpatient care.
- (e) A residential care apartment complex.



Human Services Department Policies and Procedures

Policy Title:	Bankruptcy Notification		
Policy #:	ABC - 1104	Effective:	3/01
Division	Mental Health Center - ABC Department	Revised:	2/06; 6/08
Cross Ref. #:		Reviewed:	

PURPOSE: To establish guidelines for ABC Department staff to process Bankruptcy Notifications.

POLICY: It is the policy of Mental Health Center ABC Department staff to follow established guidelines to process Bankruptcy Notices on a consistent and timely basis.

DEFINITIONS:

ABC	Admissions/Billing/Collection Department
Collection Clerk	Account Clerk I who performs collection duties
A/R	Accounts Receivable
A/R Clerk	Account Clerk I who performs Accounts Receivable duties

PROCEDURE:

- A. Bankruptcy notices are court orders signed by a judge and are received from the Clerk of Courts. The notice will indicate the date range affected by the bankruptcy. At this point the Collection Clerk will stop all collection efforts on the client account indicated on the bankruptcy notice.
- B. The Collection Clerk will search the Keane billing computer system to verify the correct client account and dates of service that are affected by the bankruptcy notice and the dates as indicated in the notice by using the following screens.
 - 1) In the "accounts receivable" menu, Collection Clerk will choose the account update screen (option #8) on the "charge/transaction entry" menu.
 - 2) Collection Clerk will type in name from bankruptcy notice on this screen and hit enter to search for accounts receivable balances on this name. When the account appears from the name search, the clerk will choose the account by placing a "1" next to the name.
 - 3) Collection Clerk will then choose option #18 "matching accounts" to search all patient bill numbers for this particular client name.

- C. If the search displays a zero (\$0.00) balance on all patient bill numbers for the client, the bankruptcy notice is filed in the ABC Department bankruptcy file as there are no remaining accounts receivable balances are affected by the notice. Bankruptcy file is located in the Collection Clerk's file cabinet in the A/R Department.
- D. If the search displays a "B" next to the patient bill number during the account search, this indicates the account was placed with an outside collection agency as a bad debt. If the account has a balance due remaining on the bad debt account, the following duties need to be completed:
- 1) The Collection Clerk will then notify the collection agency of the account, the filing date, chapter and file number as indicated on the bankruptcy notice. Collection agency will stop all collection efforts.
 - 2) Collection Clerk will place a note on the account in the Keane billing computer program stating the agency has been notified of the bankruptcy.
 - a) In the "accounts receivable" menu, Collection Clerk will choose the account update screen (option #8) on the "charge/transaction entry" menu.
 - b) Collection Clerk will type in name from bankruptcy notice on this screen and hit enter to search for accounts receivable balances on this name. When the account appears from the name search, the clerk will choose the account by placing a "1" next to the name.
 - c) Collection Clerk will then choose option #18 "matching accounts" to search all patient bill numbers for this particular client name.
 - d) Collection Clerk will place a "02" next to one of the client patient bill numbers that have a remaining balance. This will bring the clerk to the account note screen for this particular patient bill number.
 - e) Collection Clerk will use option "F7" to bring up the screen where a text note can be added to the account.
 - f) Collection Clerk will type a text note stating the receipt of a bankruptcy notice and the collection agency was notified.
 - g) Collection clerk will type the account text note to all of the client's patient bill numbers that have a remaining balance and a date of service which is reflected in the dates as indicated on the bankruptcy notice.
- E. If the search displays patient bill numbers with a current accounts receivable balance due and the date of service on the patient bill numbers are dates included in the bankruptcy notice, the Collection Clerk will complete the following duties:
- 1) If the bankruptcy notice indicates there will be funds dispersed through the bankruptcy court for outstanding debts, the Collection Clerk will follow instructions on notice to file "Proof of Claim" on any funds that will be dispersed with the bankruptcy.
 - 2) Collection Clerk will place a note on the account in the billing computer program stating the date of the notice, the amount affected and state if a claim was filed against any funds dispersed by the bankruptcy court.
 - a) In the "accounts receivable" menu, Collection Clerk will choose the account update screen (option #8) on the "charge/transaction entry" menu.

- b) Collection Clerk will type in name from bankruptcy notice on this screen and hit enter to search for accounts receivable balances on this name. When the account appears from the name search, the clerk will choose the account by placing a "1" next to the name.
 - c) Collection Clerk will then choose option #18 "matching accounts" to search all patient bill numbers for this particular client name.
 - d) Collection Clerk will place a "02" next to one of the client patient bill numbers that have a remaining balance. This will bring the clerk to the account note screen for this particular patient bill number.
 - e) Collection Clerk will use option "F7" to bring up screen where a text note can be added to the account.
 - f) Collection Clerk will add a text note stating the receipt of a bankruptcy notice, the dates of service affected by the bankruptcy as indicated on the notice. If notice indicates there will be funds dispersed for outstanding debts, the Collection Clerk will indicate this in the text note on the client account that a claim was filed.
 - g) Collection clerk will type the account text note to all of the client's patient bill numbers that have a remaining balance and a date of service which is reflected in the dates as indicated on the bankruptcy notice
- F. After the bankruptcy court proceeding is completed, a "Discharge of Debtor" notice will be received by the ABC Department Collection Clerk from the Clerk of Courts.
- 1) Collection Clerk will send a note to the ABC Department Supervisor to approve the write off of the affected amounts, as these amounts are uncollectible due to bankruptcy.
 - a) A copy of Discharge of Debtor notice will be forwarded to ABC Department Supervisor. Collection Clerk will indicate on the notice the patient bill numbers with the accounts receivable balances remaining on each of patient bill numbers that are within the date range affected by the dates indicated on the bankruptcy notice.
 - b) The ABC Department Supervisor will approve the write off by signing and dating the notice copy.
 - c) The approved write off notice is forwarded to the A/R Clerk for write off entry to be completed.
 - 2) Collection Clerk will place a note on each patient bill number that has a remaining balance written off due to the bankruptcy.
 - a) In the "accounts receivable" menu, Collection Clerk will choose the account update screen (option #8) on the "charge/transaction entry" menu.
 - b) Collection Clerk will type in name from bankruptcy notice on this screen and hit enter to search for accounts receivable balances on this name. When the account appears from the name search, the clerk will choose the account by placing a "1" next to the name.
 - c) Collection Clerk will then choose option #18 "matching accounts" to search all patient bill numbers for this particular client name.

- d) Collection Clerk will place a "02" next to one of the client patient bill numbers that has a remaining balance. This will bring the clerk to the account note screen for this particular patient bill number.
 - e) Collection Clerk will use option "F7" option to bring up screen where a text note can be added to the account.
 - f) Collection Clerk will add a text note stating copy of notice was given to ABC Department supervisor to have remaining balance due written off due to bankruptcy.
 - g) Collection clerk will type the account text note to all of the client's patient bill numbers that have a remaining balance and a date of service which is reflected in the dates as indicated on the bankruptcy notice
- 3) A/R Clerk will complete transaction entry into the billing computer system to write off the approved amount.
- a) A/R Clerk will enter the Keane accounts receivable menu.
 - b) A/R Clerk will choose option #6 "Batch Transaction Entry" screen.
 - c) A/R Clerk will choose option F6 to begin a new batch to enter write off transaction.
 - d) A/R Clerk will type on batch entry screen the patient bill number, the write off transaction code 625 ("bad debt not placed; no money") and the approved dollar amount to be written off.
 - e) A/R Clerk will hit "enter". Clerk will then hit F3 key to close the transaction batch.
 - f) Screen will ask if the transaction should "be posted to account" A/R Clerk will indicate yes with a "Y" in the field indicated on the screen.
 - g) Transaction entry will then post automatically to the account with the system's end of day internal posting processing.
- 4) Original copy of "Discharge of Debtor" is filed in the ABC Department bankruptcy binder located in the A/R Department.
- 5) Copy of "Discharge of Debtor" notice is filed in client's financial chart located in the Billing Department.
- 6) Copy of Bankruptcy Notice is filed in client's financial chart located in the Billing Department.
- 7) Original Bankruptcy Notice and "Discharge of Debtor" notice is filed the bankruptcy binder maintained by ABC Department and is located in the A/R Department.

REFERENCES: None.

FORMS/ATTACHMENTS:

Copy of Bankruptcy notice

Copy of Discharge of Debt notice



Human Services Department Policies and Procedures

Policy Title:	Collecting Client Co-Pays and Deductibles		
Policy #:	ABC – 1106	Effective:	3/01
Division	Mental Health Center – ABC Department	Revised:	2/06; 6/08
Cross Ref. #:		Reviewed:	

PURPOSE: To assign a co-payment amount on services rendered and to ensure effort is made in attempting to collect all client co-pays and deductibles assigned by third party payers.

POLICY: It is the policy of the Mental Health Center to establish a co-payment amount for clients as a monthly Ability to Pay based on the State of Wisconsin Maximum Monthly Payment Schedule. Co-payments will be indicated on the client's monthly statement. Client deductibles assigned by their third party payer will also be included on the monthly statement.

DEFINITIONS:

ABC	Admissions/Billing/Collection Department
ATP	Ability To Pay
Admissions Clerk	Clerk II
Collection Clerk	Account Clerk I
DCF	Department of Children and Families
DHFS	Department of Health and Family Services
Full Cost	Client will owe full cost amount of service, no ATP amount established
Inpatient client	Client receiving services in psychiatric inpatient hospital
Outpatient client	Client receiving services in the CTP clinic
SSI	Social Security Income
Sliding Fee Scale	State of Wisconsin DHFS Maximum Monthly Payment Schedule
U/C	Unemployment Compensation

PROCEDURE:

ABILITY TO PAY DETERMINATION (monthly client co-payments)

1. INPATIENT CLIENT:

A. In order to determine the monthly ATP amount for a client that is a new admission to the hospital an initial inpatient interview is completed by the Admissions Clerk. The following information is verbally obtained:

- 1) Client's monthly gross income.
- 2) Spouse's monthly gross income.
- 3) Number of dependents in household.

- B. Using the sliding fee scale as provided by the State of Wisconsin DCF, the Admissions Clerk will calculate the client's monthly ATP based on information obtained in interview.
 - 1) State of Wisconsin DCF Monthly Payment Schedule (sliding fee scale) is received annually. ABC Department Supervisor reviews payment schedule and distributes copies to all ABC staff.
 - C. Admission Clerk will notify the client of the ATP amount during the intake interview and write the ATP amount on the Inpatient Billing Information sheet located in the client's financial chart in the Billing Department.
 - 1) Admissions Clerk will review with the client that he/she should make regular monthly payments in the amount of the ATP established until the client's responsible portion of the balance due has been paid.
 - 2) Client is asked to sign and date the Inpatient Billing Information sheet after Admissions Clerk has reviewed all of the form contents with the client during the intake interview.
 - 3) If client refuses to sign Inpatient Billing Information form, Admissions Clerk will note this on signature line of form.
 - 4) Duplicate copy of the form is given to the client.
 - 5) If the client states he (she) has a legal guardian or payee, the duplicate copy of the Inpatient Billing Information sheet is mailed to the guardian or payee.
 - D. Admission Clerk will enter the established ATP amount on the client's patient bill number for that particular admission in the Keane billing program.
 - 1) In the "accounts receivable" menu of Keane, the Admissions Clerk will choose the account update screen (option #8) and enter in client patient bill number for this particular admission.
 - 2) Admissions Clerk will go to the demographic screen (option #30).
 - 3) Admissions Clerk will type in the amount of monthly ATP on the ATP line in the demographic screen with the effective date.
2. OUTPATIENT CLIENT:
- A. In order to determine the monthly ATP for a new client in the CTP clinic, during the intake interview completed by the Admissions Clerk questions will be asked regarding the client's income.
 - 1) Client's monthly gross income.
 - 2) Spouse's monthly gross income.
 - 3) Number of dependents in the household.
 - 4) Client will be asked to provide proof of income. Proof of income can be in the form of:
 - a. copy of paycheck stub
 - b. copy of tax return
 - c. copy of SSI check
 - d. copy of U/C check
 - B. Using the sliding fee scale as provided by the State of Wisconsin DCF, the Admissions Clerk will determine the client's monthly ATP based on the information provided.

- C. Admissions Clerk will inform client the determined ATP amount is applicable for one year. After one year, the client will receive a letter requesting update of financial information and copies of new proof of income.
- 1) Client is informed that if the annual financial update and proof of income is not provided, the client will be placed at full cost for future services.
 - 2) If client brought proof of income along to interview, the Admissions Clerk will make a photocopy.
 - 3) Admissions Clerk will enter monthly ATP amount on the Keane billing program.
 - a. In the "accounts receivable" menu on Keane, the Admissions Clerk will choose the account update screen (option #8) and enter in the client patient bill number for this particular admission.
 - b. Admissions Clerk will go to client demographic screen (option #30).
 - c. Admissions Clerk will type in the amount of the monthly ATP on the ATP line in the demographic screen along with effective date
 - d. Admission Clerk will then choose option #02 for the account note screen.
 - e. Admission Clerk will hit F6 key to enter in a coded note.
 - f. Admission Clerk will enter account note stating amount of monthly ATP and the effective date.
 - g. Admission Clerk will place a "Y" next to question if note should be a "history note".
- D. Admissions Clerk will inform client during the intake interview the ATP is an amount due each month the client receives services.
- E. If the client has not brought proof of income, Admissions Clerk will inform client during the intake interview that he/she will be at full cost of the service until proof of income is provided.
- 1) Admissions Clerk will document in account notes section of the Keane billing program that client is at full cost until proof of income is provided.
 - a. In the "accounts receivable" menu of Keane, Admissions Clerk will choose the account update screen (option #8).
 - b. Admissions Clerk will go to account note screen (option #02).
 - c. Admissions Clerk will hit F7 key to enter a text note.
 - d. Text note will state client informed he/she will be at full cost until proof of income is provided.
- F. If client fails to send provide proof of income, Admissions Clerk will make another request by a letter mailed to the client. Form letters for this are located in the Admissions Department.
- 1) Admissions Clerk will send letter to client requesting proof of income.

- a. Duplicate copy of letter will be placed in client's financial chart.
 - b. Admissions Clerk will place note on client's patient bill number stating letter sent to client requesting proof of income
 - c. In the "accounts receivable" menu in Keane, the Admissions Clerk will choose the account update screen (option #8).
 - d. Admissions Clerk will go to the account note screen (option #02).
 - e. Admissions Clerk will hit F7 key for "text note" and type in text note stating second request for proof of income sent to client.
- 2) If client fails to provide proof of income after two requests have been made, the client is placed at full cost and Admissions Clerk will enter full cost amount as ATP in the Keane billing program.
 - a. In the "accounts receivable" menu in Keane, Admissions Clerk will choose the account update screen (option #8).
 - b. Admissions Clerk will go to client demographic screen (option #30)
 - c. Admissions Clerk will type in "\$1500.00" on the ATP line with the effective date of the admission. The \$1500.00 serves as a flag to inform the Collection Clerk the account will be at full cost.
- G. If proof of income is received, using the sliding fee scale provided by the State of Wisconsin DCF the Admissions Clerk will determine the client's monthly ATP based on the information provided.
- H. Admissions Clerk will enter the established ATP amount on the client's patient bill number in the Keane billing program.
 - 1) In the "accounts receivable" menu of Keane, the Admissions Clerk will choose the account update screen.
 - 2) Admissions Clerk will go to option #30, the demographic screen
 - 3) Admissions Clerk will type in the amount of the monthly ATP on the ATP line in the demographic screen.
 - 4) Admissions Clerk will then go the "account notes" screen (option #2)
 - 5) Admissions Clerk will type in account note stating amount of ATP and the effective date
3. INSURANCE DEDUCTIBLES
 - A. If the client's third party payer insurance has applied a patient responsibility deductible amount, the deductible amount is indicated on the Remit report received from the insurance with payment.
 - B. After the amount paid by the insurance is entered and posted to the correct client patient bill number (refer to P&P # 1127 Transactions) the deductible amount remains in the account balance due.
4. MONTHLY ATP AND DEDUCTIBLES PLACED ON STATEMENT

- A. During review of the monthly statements, the Collection Clerk will determine the "Please Pay Amount" to place on the monthly statement. Collection Clerk will review client's inpatient and outpatient ATP amounts.
- 1) In the "accounts receivable" menu of Keane, the Collection Clerk will choose the "MARS" option.
 - 2) Collection Clerk will enter in one of the client's patient bill numbers and hit enter.
 - 3) Next screen is the "MARS" selection screen. Collection Clerk will enter "2", medical record number. System will then list all patient bill numbers assigned to this same medical records number.
 - 4) Collection Clerk will review the ATP amount for all of the client's patient bill numbers and place amount due on the statement in the "Please Pay Amount" section.
 - 5) If client has failed to provide proof of income required to determine ATP from sliding fee scale, Collections Clerk will include full cost of the rendered service in the "please pay amount" on the monthly statements.
- B. Collections Clerk will be responsible for follow-up on past due accounts with the balance remaining as unpaid
(see P&P #1110 Collection)
- C. When payment is received, the A/R Clerk will enter the payment onto the correct patient bill number (refer to P&P #1127 Transactions).
- 1) After the payment is posted to the account, the ATP payment received will be deducted automatically from the balance due on the client's account.
 - 2) If the client's account balance included third party payer insurance deductibles applied, the ATP payment will be deducted from the balance due which include the applied deductible.

REFERENCES: P&P # 1127 Transaction Entry
P&P # 1110 Collection

FORMS/ATTACHMENTS:

Maximum Monthly Payment Schedule for Calendar Year 2008
Inpatient Billing Information sheet



Human Services Department Policies and Procedures

Policy Title:	Filing Claims Against Estates		
Policy #:	ABC – 1109	Effective:	3/01
Division	Mental Health Center – ABC Department	Revised:	4/06; 6/08
Cross Ref. #:		Reviewed:	

PURPOSE: To ensure the proper filing of claims against estates of deceased clients.

POLICY: It is policy of Brown County Mental Health Center ABC Department to monitor the local obituary column and legal notices to verify if any current or past client is now deceased and has an outstanding balance due on their account. If there is an outstanding balance due or a balance sent to collections as a bad debt, the ABC Department will file a claim against the estate.

DEFINITIONS:

ABC Department	Admissions, Billing, Collections Department
A/R Clerk	Account Clerk I – Accounts Receivable
Collections Clerk	Account Clerk I – Collections
Keane	ABC Department billing software
MHC	Mental Health Center
SCS	State Collections Service (private collection agency)

PROCEDURE:

1. Collections Clerk will complete a search to verify if any names in obituaries are MHC clients.
 - a) Each day the Collections Clerk will print the obituary column from the local newspaper's website (<http://greenbaypressgazette.com>).
 - b) Collections Clerk will complete a search on Keane for each name indicated in the obituary column.
 - 1) In the "accounts receivable" menu the Collection Clerk will choose option #8 "account update".
 - 2) The Collections Clerk will hit the F4 key to bring up the search by name screen and type in the last name with first name initial.
 - 3) If the name appears in Keane, the Collections Clerk will place a "1" next to the name and choose option #18 "matching accounts".
 - 4) A "2" will be entered to search accounts by matching the client medical record number.

- 5) The next screen that appears will bring up all the patient bill numbers assigned to the medical record number Collection Clerk is searching.
- 6) On all patient bill numbers for this client with a remaining balance due or a bad debt balance sent to SCS, the Collection Clerk will go to option #01 "account follow-up" screen.
- 7) On the "account follow-up" screen the Collection Clerk will go to the "Account VIP Code" line, hit F4 which will bring a drop down box and Collection Clerk will choose "DECD" by placing a "1" next to it.
 - i. If there are no patient bill numbers for the deceased client with a balance due, the Collection Clerk will place the "DECD" code on the last patient bill number indicated for the client.
- 8) Also on the "account follow-up" screen, the Collection Clerk will go to the "Follow-up Date" line and type in the current date.
- 9) If there is a remaining balance due on the client's account, the Collection Clerk will place a copy of the obituary notice in the "Death Folder" maintained in the Collections department.
- 10) If no balance remains on the deceased client's account, the Collection Clerk will place a copy of the obituary notice in the client's financial folder located in the Billing Department.
- c) Collection Clerk will check the latest SCS Progress Report CD to determine if the deceased client has an outstanding bad debt balance with SCS.
 - 1) Collection Clerk receives a monthly report on CD form SCS and will keep the CD in the Collections Department.
 - 2) Collection Clerk will place the CD into the drive on her computer to view report.
 - 3) If there is an outstanding bad debt balance placed at SCS, Collection Clerk will send an email to SCS (current SCS contact name, phone number and email located in Collection Department rolodex) informing them of the account and the client's date of death and ask them to cancel the account.
 - 4) Collection Clerk will verify list of accounts received from SCS at month end.
- d) Collection Clerk will type a note on the account indicating the client is deceased and will indicate if there is a remaining spouse and if there is a balance at SCS.
 - 1) In the "accounts receivable" menu the Collections Clerk will choose option #8 "account update" and enter in the deceased client's patient bill number with a remaining balance.
 - 2) Collection Clerk will choose option #2 "account notes" and then hit the F7 key to type in a text note.
 - 3) If there is a remaining balance due at MHC, the Collection Clerk will type: Pt passed away xx/xx/xxxx. Spouse is Jane Doe. Balance is xxxxx. No balance at SCS.

- 4) If there is a remaining balance due at SCS, the Collection Clerk will type: Pt passed away xx/xx/xxxx. Spouse is Jane Doe. Balance at SCS is xxxxx.

2. Monthly statements.

- a) If the client has a surviving spouse, the spouse is responsible for the bill. The Collection Clerk will continue to send the monthly statements to the spouse.
 - 1) If the surviving spouse makes no payments on the account, the Collection Clerk will follow collection efforts as stated in P&P #1110 Handling of Unpaid Accounts Receivable Balances (section #2 – Collection Efforts).
 - b) If the client was single, the Collection Clerk will continue to send the monthly statements to the estate until we hear from next of kin or the mail is returned as un-deliverable.
 - c) If no payments have been received for 6 months, and client has no estate placed in probate and no surviving spouse, the Collection Clerk will complete the following:
 - 1) Pull the obituary copy from the “Death Folder” maintained in the Collections Department and file the obituary copy in the client’s financial folder located in the Billing Department.
 - 2) Turn off the statement flag in Keane so a statement is not produced each month.
 - i. In the “accounts receivable” screen, Collection Clerk will type in the patient bill number and choose option #01 “account follow-up”.
 - ii. On the “statement hold” line the Collection Clerk will enter a “Y”, which will hold future statements from printing.
 - 3) Make a screen print copy each patient bill number with an outstanding balance of the deceased client’s account.
 - 4) Screen print of the balance due will be forwarded to ABC Department Supervisor for approval to be written off as the client is deceased with no estate.
 - 5) ABC Department Supervisor will forward approval to A/R Clerk for completion of write off transaction to be entered into Keane.
 - 6) Collection Clerk will place a note on the client’s account.
 - i. Collection Clerk will choose option #8 “Account Update” in the A/R menu of the Keane program.
 - ii. Collection Clerk will enter in the client’s account number and enter in option 02 “account notes”.
 - iii. Collection Clerk will hit F7 to create a new text note.
 - iv. Collection Clerk will type note something to the effect as “Client is deceased, no spouse, no estate, balance to be w/o” and hit enter.
3. When the “legal notices” are printed in the local newspaper (Green Bay Press Gazette), the Collection Clerk will complete a search in Keane on each name listed as a probate claim to determine if any estates in probate involve an account with a balance due at MHC or a bad debt placed at SCS.

- a) The MHC switchboard operator will copy the "legal notices" section when printed in the local newspaper (Green Bay Press Gazette) and forward the copy to the Collections Clerk.
- b) The Collection Clerk will complete a search on Keane for each name indicated in the Probate and Estates to determine if payment can be captured on an estate with a remaining balance at MHC by filing a claim against the estate.
 - 1) In the "accounts receivable" menu the Collection Clerk will choose option #8 "account update".
 - 2) The Collections Clerk will hit the F4 key to bring up the search by name screen and type in the last name with first name initial.
 - 3) If the name appears in Keane, the Collections Clerk will place a "1" next to the name and choose option #18 "matching accounts".
 - 4) A "2" will be entered to search accounts by matching the client medical record number.
 - 5) The next screen that appears will bring up all the patient bill numbers assigned to the medical record number Collection Clerk is searching.
 - 6) If the client has a balance due on any patient bill numbers, the Collection Clerk will complete an *Claim Against Estate* form.
 - 7) The Collection Clerk will check the latest SCS Progress Report CD to determine if the estate in probate has an outstanding bad debt balance placed at SCS.
 - i. Collection Clerk receives a monthly report on CD form SCS and will keep the CD in the Collections Department.
 - ii. Collection Clerk will place the CD into the drive on her computer to view report.

4. Filing a claim against an estate.

- a) Collection Clerk will complete a *Claim Against Estate* form. Forms are located in the Collections Department.
- b) Collection Clerk will include a copy of the itemized bill with the completed *Estate Claim* form.
 - 1) In the "accounts receivable" menu the Collection Clerk will choose option #8 "account update".
 - 2) The Collection Clerk will enter in the patient bill number that has a remaining balance and choose option #10 "demand bill".
 - 3) The Collection Clerk will place a "Y" on the "forms to print" detail line and hit enter. An itemized bill will print.
 - 4) Collection Clerk will then go to option #05 "transactions screen".
 - 5) Collection Clerk will cut and paste a copy of payments received onto the itemized bill.
- c) Collection Clerk will have a Notary Public sign and stamp the *Claim Against Estate* form.
 Note: ABC Department Supervisor and HIM Department Clerk I are Notary Publics.
- d) Collection Clerk will make two copies of the *Estate Claim* form and itemized bill.

- e) A copy of the *Claim Against Estate* form and copy of the itemized bill will be placed in the "Estate Binder" located in the collections Department.
 - f) The Collection Clerk will forward the original *Estate Claim* and itemized bill and a copy of the *Claim Against Estate* form and itemized bill to James Queff, Probate Register
 - g) The Collection Clerk will place a note on the account in Keane indicating a claim has been filed against the estate. (refer to 2c above on placing a note on the account in Keane)
 - h) The Collection Clerk will turn off the statement flag in Keane so a statement is not produced each month.
 - 1) In the "accounts receivable" screen, Collection Clerk will type in the patient bill number and choose option #01 "account follow-up".
 - 2) On the "statement hold" line, the Collection Clerk will enter a "y", which will hold future statements from printing.
 - i) Probate allows up to 18 months for an estate to become settled. Collection Clerk will contact the Clerk of Courts office's clerical staff periodically to obtain status of the estate. Collection Clerk will type an account note on the patient bill number in regards to the status of the account. (refer to 2c above on placing a note on the account in Keane)
 - j) If the account was a bad debt placed with SCS, the Collection Clerk will contact SCS by email (SCS current contact name, phone number and email address located in Collection Department rolodex) to cancel account as it has been placed with Probate.
 - 1) Collection Clerk will check Keane program to determine if the account was placed as bad debt by choosing option #8 "Account Update" in the A/R menu of Keane.
 - 2) Collection Clerk will enter in the client's account number and type in option 18 "matching account record search".
 - 3) Next screen to appear will ask for the type of search criteria and the Collection Clerk will enter 2 "medical record" to have a search for all the client's account based on their medical record number.
 - 4) Collection Clerk will hit enter and all of the client's patient bill numbers will be listed.
 - 5) If the account has charges for services placed as bad debt, a "B" will be indicated next to the patient bill number.
5. Account canceled by SCS due to death of client.
- a) When the Collection Clerk receives notice from SCS that an account has been canceled due to the client's death, the clerk will look up on the Social Security Death Index website to obtain notice of client's death.
<http://ssdi.rootsweb.ancestry.com/cgi-bin/ssdi.cgi>
 - b) If Collection Clerk is unable to find death notice on the Social Security Death Index website, clerk will email SCS to obtain verification of death (SCS current contact name, phone number and email address located in Collection Department rolodex).

- c) After notice of death is received, the Collection Clerk will proceed with above steps on filing a claim on the estate.
- 6. Settlement of the estate
 - a) When the estate is settled, the Collection Clerk will receive a notice from the estate attorney. The Settlement notice needs to be signed and returned to the estate attorney.
 - 1) Collection Clerk will have the ABC Department Supervisor sign the settlement notice.
 - b) Payment received on the settlement of the estate will be posted to the account by the A/R Clerk using transaction code 195 "ATP Payment". (refer to P&P #1127 Transactions)
 - c) Collection Clerk will complete the *Estate Received* form. Forms are located in the Collections Department.
 - d) Collection Clerk will make a copy of the completed *Estate Received* form and place it with the *Claim Against Estate* form located in the Estate Binder in the Collections Department.
 - e) Collection Clerk will mail the original completed *Estate Received* form to the Probate Office.
 - f) A/R Clerk will post the payment received to the account using transaction code 195 "ATP Payment". (refer to P&P #1127 Transactions)
 - g) After payment received has been posted to the account, the Collection Clerk will review the account for any remaining balance that would need to be written off.
 - h) A screen print of the accounts remaining balance will be forwarded to the A/R Clerk.
 - i) A/R Clerk will use transaction code 635 "small balance write off" to post the write off of the remaining balance. (refer to P&P #1127 Transactions)

REFERENCES:

P&P #1110 Handling of Unpaid Accounts Receivable Balances
P&P #1127 Transactions

FORMS/ATTACHMENTS:

"Claim Against Estate" form
"Estate Received" form



Human Services Department Policies and Procedures

Policy Title:	Collection		
Policy #:	ABC - 1110	Effective:	
Division	Mental Health Center - ABC Department	Revised:	10/04; 6/08
Cross Ref. #:		Reviewed:	

PURPOSE: To ensure effort is made in collecting of unpaid account balances and bad debt accounts are referred to private collection agency.

POLICY: It is the policy of the Brown County Mental Health Center to work with unpaid account balances in a consistent and reasonable process. Guidelines are established to give proper notification on past due accounts prior to sending the account to collections as a bad debt.

DEFINITIONS:

AR Clerk	Account Clerk I
ATP	Ability To Pay
Admissions Clerk	Clerk III or Clerk II
Billing Clerk	Clerk II (other county billing)
Collections Clerk	Account Clerk I
MARS	Matching Account Record Search
SCS	State Collection Agency (private collection agency)

PROCEDURE:

1. Upon admission to the facility to receive either inpatient, hospital outpatient or clinic services, clients are interviewed by an Admissions Clerk to obtain insurance and financial information. (Reference P&P #1112 Inpatient Admissions Intake Process)

Admissions Clerk will obtain client and/or payee signatures on required releases in order to bill all possible funding sources for the individual. Applicable ATP amounts are assigned to client and the Admissions Clerk will explain the monthly ATP required payment to the client during the intake interview.

- A. Admission Clerk will ask client for total household gross monthly income and number of household dependents.
- B. Clinic and hospital outpatient clients are to submit copy of "proof of income" (paycheck stub, tax return, social security check, etc) to the Admissions Department and total number of household dependents.

C. Utilizing the State of Wisconsin DHFS *Monthly Payment Schedule*, the Admission Clerk will look up the gross monthly income, follow column across to the number of dependents in the household and will obtain the monthly ATP amount for client.

- 1) ABC Supervisor receives *Monthly Payment Schedule* annually from the State of Wisconsin DHFS. ABC Supervisor reviews schedule and distributes copies to all ABC Department staff.

2. Billing of account balances

A. Third Party Payers

- 1) Third party payers include, Medical Assistance, Medicare, MA HMOs, commercial insurances and Other Counties.
- 2) Medical Assistance, Medicare, MA HMOs and commercial insurance are billed by the billing department account clerks per the payer's contract guidelines and funds are collected from the appropriate payer.

B. Contractual Allowances and Adjustments

Due to Medical Assistance, Medicare and other government fee schedules and managed care contracts, there are some payments received on client accounts that will include amounts that will be allowed write-offs and/or discounts to be in compliance with payer contracted agreements and established payer fee schedules (Medical Assistance and Medicare payer fee schedules can be viewed via payer's websites)

- 1) A/R Clerk will review the third party payer remit report for allowances and discounts.
 - i. Remits are forwarded to A/R Clerk for inpatient hospital, outpatient hospital, clinic, and nursing home from Clerks that open, sort, and date stamp mail.
 - ii. Remits are forwarded to A/R Clerk for CCS, Case Management, CSP, and Personal Care from Human Services Clerk at Sophie Beaumont Building who received these remits via mail.
- 2) Through the batch transaction entry, the A/R Clerk will post to the correct patient bill number the amount of the allowance or discount using the correct transaction code. (see P&P # 1127 Transaction entry)

C. Other County Clients

- 1) When a client's balance due is the responsibility of a County other than Brown County, the appropriate unpaid portion, after all third party payers remitted amounts have been posted to the account, is billed to that County. (see P&P #1117 Other County Billing)
- 2) The first week of the month, the Billing Clerk will print the queried report for Other County billing.
 - a. In the main menu of the Keane billing system, Billing Clerk will choose option # 13 "BCHS Queries Menu".
 - b. Billing Clerk will then choose option #2 "Other County Collection Status/Discharge Date". This will produce a report indicating all Other County clients discharged in the prior month.

- 3) Following P&P #1117 "Other County Billing", the Billing Clerk will review each discharge from report and place the unpaid balance on either Part C or Part D of the other county bill.

D. Private Pay (Self pay accounts)

- 1) Monthly ATP amounts, insurance co-pays and discount amounts and full cost accounts are the client's responsibility.
- 2) Unpaid patient responsible amounts are placed on the monthly statements to the client.
 - a. Monthly statements are printed from the Keane billing system.
 - i. ABC Department Supervisor will enter Keane system screen #3 "system definition".
 - ii. ABC Department Supervisor will choose option #7 "statement menu".
 - iii. ABC Department Supervisor will choose option #11 "guarantor statements".
 - b. After statements are printed, the Collection Clerk will review each statement to the client's account in the Keane billing system to verify and/or correct "balance due" indicated on the statement.
 - i. Collection Clerk will enter the option #2 "A/R menu" on the Keane billing system and choose option #18 "MARS".
 - ii. Collection Clerk will review patient bill numbers with remaining unpaid balances which are client's responsibility.
 - iii. If total "balance due" on statement does not equal account balance due on Keane billing system, the Collection Clerk will correct the statement.

3. Remaining Unpaid Balances

A. Collection Efforts

- 1) If no payment has been received and posted to an account after two monthly statements have been processed and sent, the Collections Clerk will proceed with the following collection steps:
 - 2nd statement – no payment activity posted, Collection Letter #1 sent (purple letter) and statement is stamped "Past Due"
 - 3rd statement – no payment activity posted, Final Notice sent (red letter)
 - 5th statement – no payment activity posted, account is sent to collection as bad debt(Collection letter templates are located in Microsoft Word on the Billing Department shared drive under document folder "collection letters")
- 2) Final notice (red letter) states the client has 10 days to either send payment or contact us to make payment arrangements. After 5th statement is processed, if payment or client contact is not received on unpaid account that received the Final Notice, the account is turned over to a SCS, a private collection agency.

B. Bankruptcies

- 1) The remaining account balance is written off per P&P #1104 Bankruptcy Notification

C. Request for fee reduction

- 1) Requests for fee reductions and possible write off of balance due are handled per P&P #1128 "Account Balance Write Off".

D. Institutionalization of Client

- 1) In cases of long-term institutionalization where we know the client does not or will not have funds to reimburse Brown County, the entire balance is written off with the approval of the ABC Supervisor or MHC Accountant Manager.
 - a) Refer to P&P #1128 "Account Balance Write Off" on amount limitation guidelines and approval process.
- 2) In cases of long-term incarceration where we know the client does not or will not have funds to reimburse Brown County, the entire balance is written off with the approval of the ABC Supervisor or MHC Accountant Manager.
 - a) Refer to P&P #1128 "Account Balance Write Off" on amount limitation guidelines and approval process.
- 3) An account note will be placed on the account in the Keane billing program indicating the client is institutionalized or incarcerated for long-term and unable to pay unpaid amount on account.
 - a) On the "accounts receivable" menu, choose option #8 "account update".
 - b) Enter in the patient bill number.
 - c) Choose option "02" for account notes.
 - d) Hit F7 key to create a new text note. Type note and hit enter.

E. Request for Fee Reduction

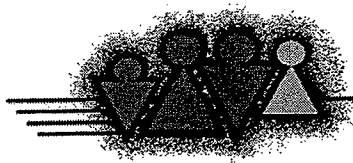
- 1) Clients with a remaining balance on self pay accounts may complete a "Request for Fee Reduction" form if they are unable to pay the full balance or the assigned ATP amount. Please refer to P&P #1128 "Account Balance Write Off".

REFERENCES:

P&P #1104 Bankruptcy Notification
P&P #1112 Inpatient Admissions Intake Process
P&P #1117 Other County Billing
P&P #1127 Transaction Entry
P&P #ADM-880 Determination of Monthly Fee for Outpatient Services
Wisconsin Administrative Code

FORMS/ATTACHMENTS:

Collection Letter #1
Collection Letter #2
Collection Letter #3



Human Services Department

Mark Quam, Executive Director
111 N. Jefferson Street, Green Bay, WI 54301
Phone: (920) 448-6001, Fax: (920) 448-6126

(date) _____

Hello:

We show a balance on your account with the Brown County Mental Health Center. It is very important that all past due payments be made at this time.

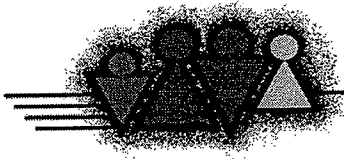
If payment is not received by **(enter date 1 month from statement date)** _____ your account may be sent to our collection agency. Because this could affect your ability to obtain credit at a later date, it is to your advantage to pay the account in full.

Arrangements can still be made on this account but must be made now. Please contact our office at (920) 391-4745 to make a payment schedule or to inquire if you qualify for a reduction in your outstanding balance or monthly payment amount.

Sincerely,

Mary
Collections
Brown County Mental Health Center

This is collection letter #1 that is printed on purple paper and will be sent with statement #4 when there has been no payment activity posted to the account. Statement will also be stamped "Past Due".



Human Services Department

Mark Quam, Executive Director
111 N. Jefferson Street
Green Bay, WI 54301

FINAL NOTICE

(date) _____

Hello:

Normally, at this time, because your account is long past due, this account would be placed with a collection agency. However, we would prefer to hear from you regarding your preference in this matter. Please indicate your choice.

- () 1. I would prefer to settle this account. Payment in full is enclosed.
- () 2. I would like to make monthly payments of \$_____ until this account is paid. (Payment enclosed.)
- () 3. I would prefer that you transfer this account to a collection agency for enforcement of collections. **(Failure to return this letter within 10 days may result in this action.)**

Signed: _____ Date: _____

Print Name: _____ Birthdate: _____

If you have chosen the monthly payment plan, we will expect monthly payments. If one payment is missed, this account may be turned over to the collection agency without further notice.

Please do not hesitate to call (920) 391-4745 if you have any questions regarding this matter.

Sincerely,
Mary
Collections
Brown County Mental Health Center

This is collection letter #2 printed on red paper and sent with statement #3 where no payment activity has been posted. Statement is stamped "Past Due"



Human Services Department Policies and Procedures

Policy Title:	Other County Billing		
Policy #:	ABC – 1117	Effective:	3/93
Division	Mental Health Center – ABC Department	Revised:	2/06; 6/08
Cross Ref. #:		Reviewed:	

PURPOSE: To establish guidelines in calculating and producing statements for the responsible county liability on inpatient admits and in/out in a day admissions to the psychiatric hospital initiated by a county other than Brown County.

POLICY: It is the policy of the Brown County Mental Health Center to ensure proper handling and calculation of county liability for inpatient and in/out in a day psychiatric hospital admissions initiated by a county other than Brown County. Itemized statements with the current liability due and the potential liability are completed and mailed to responsible other counties on a monthly basis.

DEFINITIONS

A/R Clerk	Account Clerk I performing accounts receivable duties
Billing Clerk	Clerk II performing other county billing duties
Part C	Other county liability due on itemized statement
Part D	Other county potential liability due on itemized statement
MHC	Brown County Mental Health Center
Other County	County other than Brown County responsible for initiating admission

PROCEDURE:

1. Other County Liability
 - a) The Brown County Human Services Contract Department maintains contracts with other counties.
 - b) Other counties are responsible for room & board charges, professional fees, intensive care 1:1 charges and transportation charges initiated by the other county admission.
2. Determination of Other County Liability
 - a) ABC Department sends claims on charges for services received by other county clients to potential third party payer as first responsible payer.
 - b) Third party payments received are deducted from total amount due by the responsible county.

- c) If payment is received from the client prior to the inclusion of charges on other county statement, the amount received will be deducted from the total amount due by the responsible county.
- d) If payment is received from the client after the account has been paid in full by the responsible county:
 - 1) Payment will be entered as a transaction on the client account (refer to P&P #1127 Transaction Entry)
 - 2) A credit balance will occur with the entry of the payment.
 - 3) Credit balance will be directly refunded to the responsible county up to the amount paid by the other county (refer to P&P #1108 Credit Balance Report).
 - i. A/R Clerk will notify Other County Billing Clerk of credit balance.
 - ii. Billing Clerk will initiate refund form and forward refund form to ABC Department Supervisor for approval. (Blank refund forms are located in the A/R Department and the Billing Department)
 - iii. ABC Department Supervisor verifies the payment and credit balance on the client's account in the Keane system in the A/R menu choosing option #8 "account update". After verifying the credit balance, the ABC Department Supervisor approves the refund form and forwards the refund form to A/R Clerk.
 - iv. A/R Clerk will enter the refund transaction onto the client's account (refer to P&P #1127 Transaction Entry) and forwards the refund form duplicate copy (yellow copy) to A/P for a refund check to be written.
 - 4) Payments received from a client after payment in full was received from third-party payer, excluding other county, the amount will be refunded to the client. (refer to P&P #1108 Credit Balance Report).
 - i. A/R Clerk will initiate refund form and forward refund form to ABC Department Supervisor for approval. (Blank refund forms are located in the A/R Department and the Billing Department)
 - ii. ABC Department Supervisor verifies the third party payer payment and the client's payment on the account in the Keane system in the A/R menu choosing option #8 "account update". After verifying the payments, the ABC Department Supervisor approves the refund form and forwards the refund form to A/R Clerk.
 - iii. A/R Clerk will enter the refund transaction onto the client's account (refer to P&P #1127 Transaction Entry) and forwards the refund form duplicate copy (yellow copy) to A/P for a refund check to be written.
- e) When a responsible county pays for an account in full, up to the extent of their contractual liability, then that county can deem owning the client receivable and proceed with any collection effort it desires.
- f) If responsible county overpays the account liability, the A/R Clerk will process the overpayment by directly refunding the responsible county (refer to P&P #1108 Credit Balance Report).

3. Preparing Other County Billing

- a) Other county billing statements
 - 1) Statements are processed on a monthly basis
 - 2) Statements are prepared using a Microsoft Excel spreadsheet template located on the "billing" department shared drive in Excel titled "county". There are two worksheets created for each county, one indicating liability due, the other indicating potential liability. Worksheets are named by the counties.
 - 3) Statements are generated for each contracted other county. The previous month's billing is carried forward and used to build the current month's statement.
 - 4) Other county itemized statements consist of 2 parts
 - i. Part C: Amount due by the responsible county on self pay accounts after third party payments and allowances have been received and applied to the account. Also known as Liability Due
 - ii. Part D: The responsible county's potential liability on each account prior to Brown County receiving third party payments and allowances. Also known as Potential Liability
- b) Billing Clerk will review prior month's statement for each other county.
 - 1) Billing Clerk will look up in the Keane billing system each patient bill number listed on prior month's other county statement Part C (Liability Due) to review if current balance is zero and patient bill number can be removed from Part C of the statement.
 - i. In the "accounts receivable" menu, Billing Clerk will choose option #8 "account update".
 - ii. Billing Clerk will enter in the patient bill number and choose option #05 "transactions".
 - iii. If balance due amount is zero, Billing Clerk will remove this patient bill number from the current month's statement.
 - 2) Billing Clerk will look up in the Keane billing system each patient bill number listed on prior month's other county statement Part D (Potential Liability) to review if all third party payments have been received and the balance due is the other county's responsibility. The verified balance due is moved to the Part C of current month's statement.
 - i. In the "accounts receivable" menu, Billing Clerk will choose option #8 "account update".
 - ii. Billing Clerk will enter in the patient bill number and choose option #31 "payers" screen.
 - iii. A "P" indicated next to the third party payer signifies payments from the third party payer have been received and posted to the patient bill number.
 - iv. Billing Clerk will also review the "revenue" code indicated on the payer screen. A "coun" in the revenue code signifies the balance due on the patient bill number is the other county's responsibility.

- v. If a balance remains due on the account flagged with revenue code "coun", the patient bill number is removed from the Part D section of the other county statement and placed on the Part C section.
 - vi. Medical Assistance payments are considered "Payment in Full". Co-payments applied by Medical Assistance (as indicated on the Medical Assistance Remit/Status report received with the payment) will be placed on Part C as a liability due from the other county.
- c) Billing Clerk will print queried reports off the Keane billing system by admit date and discharge date.
 - 1) Queries for reports are standardized and saved on the Keane billing system menu.
 - 2) Billing Clerk will choose option #13 "BCHS Queries Menu".
 - 3) Billing Clerk will choose option #1 "CountyCollectionsStatusCd/AdmitDt". Selected records screen of the query will appear on the screen.
 - 4) Billing Clerk will change date range to prior month beginning and ending date, press enter and report will print with prior month's other county admissions.
 - 5) Billing Clerk will choose option #2 "CntyCollectionsStatusCd/DschgDt". Selected records screen of the query will appear on the screen.
 - 6) Billing Clerk will change date range to prior month beginning and ending date, press enter and report will print with prior month's other county discharges.
- d) Billing Clerk will calculate, process and send itemized current month statements to responsible other counties.
 - 1) Utilizing the printed query reports from the Keane billing system, the Billing Clerk will review all new accounts discharged during the prior month.
 - 2) If the account has a third party payer, Billing Clerk will place the account on the Excel statement on Part D as a potential liability to the other county with the following information:
 - i. Client name
 - ii. Client patient bill number
 - iii. Third party payer (Medicaid; Medicare; Insurance; or HMO)
 - iv. Total charges
 - v. Potential Liability Amount
 - vi. Admit and Discharge dates
 - 3) If the account is the other county responsibility with the revenue code flagged as "coun", Billing Clerk will place the account on the Excel statement on Part C as a current liability due from the other county.
 - i. Client name
 - ii. Client patient bill number
 - iii. Admit and Discharge dates
 - iv. Total charges

- v. Amount due
 - vi. Total of all patient bill amounts due is indicated at bottom of statement
4. Special Circumstances
- a) Two counties share responsibility of the admission
 - 1) If two counties share the responsibility of the admission, the Billing Clerk will calculate the charges by dates of services coinciding with each county's responsibility.
 - 2) When generating other county billing, Billing Clerk will review the account notes of each patient bill number to determine if responsibility of the admission is shared by more than one county.
 - i. In the "accounts receivable" menu, billing Clerk will choose option #8 "account update".
 - ii. Billing Clerk will enter in the patient bill number and choose option #02 "account notes".
 - 3) Billing Clerk is responsible to forward a copy of the other county statements to the A/R Clerk to utilize when posting payments that are received.
 - 4) Billing Clerk will file in the Billing Department Office a copy of all other county monthly statements along with copy of queried reports used to calculate statements.
 - b) Other county placements
 - 1) If a client admitted is an other county client, but has placement in Brown County and has an EM-1 admission to the MHC, Brown County is responsible for the first 72 hours. County of residence is responsible for remaining portion of the admission.
 - i. Nursing Assessment will indicate county of residence and indicate which county law enforcement accompanied client.
 - ii. Out of county clients placed in Brown County should have an "Inter-County" agreement assigned for admissions to the MHC.
 - iii. Copy of "Inter-County" agreement regarding out of county client placement in Brown County and the county's responsibility is located in client's financial folder.
 - iv. If copy of "Inter-County" agreement is not located in client's financial file, Billing Clerk will verify county's responsibility with Social Services Manager.
 - 2) If the client is a Commitment (Chapter 51) or Protective Placement (Chapter 55), typically the county of residence will establish an "Inter-County Agreement" contract. The agreement states that if the client needs inpatient psychiatric services, the client is to be brought to the MHC and the county of residence agrees to be responsible for the entire stay. The Billing Clerk will check the medical chart or with the Social Worker Manager to see if such an agreement is in effect.
 - i. It will be noted in the "accounts notes" if there is an inter-county agreement in effect.

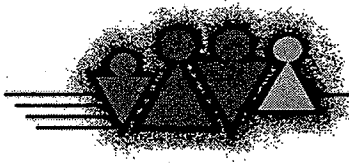
- ii. If a copy of the inter-county agreement was given to the ABC Department, copy will be placed in the client's financial folder located in the Billing Department.
 - iii. On new admissions of other county client with placement in Brown County, Billing Clerk will contact the Social Services Manager to obtain information if an inter-county agreement exists.
- 5. Posting other county transactions.
 - a) The A/R Clerk will enter and post the other county payments to individual client accounts (refer to P&P #1127 Transaction Entry).
 - b) The A/R Clerk will use transaction code 180 (Other County Payment) to post payments for room & board charges; intensive care 1:1 charges; and professional fees.
 - c) The A/R Clerk will use post payments for transportation charges to Miscellaneous Cash.
 - d) The A/R Clerk will enter and post other county refunds to individual client accounts (refer to P&P #1127 Transaction Entry and #1108 Credit Balance Report).

REFERENCES:

P&P 1127 Transaction Entry
P&P 1108 Credit Balance Report

FORMS/ATTACHMENTS:

Sample Other County Billing Statement



Human Services Department Policies and Procedures

Policy Title:	Account Balance Write Off		
Policy #:	ABC - 1128	Effective:	8/08
Division	Mental Health Center – ABC Department	Revised:	
Cross Ref. #:		Reviewed:	

PURPOSE: To establish guidelines and limitations for the writing off of unpaid client account balances.

POLICY: It is policy of the Brown County Mental Health Center to consistently and fairly determine uncollectible balances per established guidelines. The uncollectible account balances are written off the individual accounts and are recorded in the general ledger as an allowance of bad debt.

DEFINITIONS:

ABC	Admissions, Billing, Collections Department
ABN	Advanced Beneficiary Notice
A/R Clerk	Account Clerk I in Accounts Receivable Department
ATP	Ability To Pay
Billing Clerk	Account Clerk I in Billing Department
Collection Clerk	Account Clerk I in Collections Department
G/L	General Ledger
SCS	State Collection Services
U/C	Unemployment Compensation
Write Off	Dollar amount account balance is reduced by

PROCEDURE:

1. Routine and Nondiscretionary Write Offs

A. Medicare uncovered services with no ABN signed

Per Medicare regulations, if the service provided is uncovered by Medicare, the client must receive and sign an ABN notification *prior* to receiving the service. If ABN was not presented and signed by the client, the liability due for the service is mandated to be written off and can not be billed to the client.

If the client receiving the service is a Medicare recipient and the service is uncovered by Medicare, the Human Services individual provider is responsible in

obtaining the client's signature on an ABN. The provider should forward the signed ABN to the Billing Department.

If an ABN is not signed before the service is provided, the client can not be charged for the service and the charges must be written off.

- 1) The Billing Clerk will enter a note "No ABN signed" in the Keane billing program on the proper date of service using option #8 "Account Update" in the A/R menu and going to option #2 "account notes".
- 2) Billing Clerk will make a screen print of the account note and forward to the ABC supervisor for approval to complete the write off transaction.
- 3) Approved write off is forwarded to the A/R Clerk for transaction entry on to the account. Refer to P&P #1127 "Transactions".

B. Bankruptcy

Unpaid balances with dates of services included in the date range on the "Discharge of Debt" notice received are mandated to be written off the client's account.

- 1) Refer to P&P #1104 "Bankruptcy Notification".

C. Death

Upon death of a client with no surviving spouse and no estate, the unpaid balance due on the account will be written off.

- 1) Collection Clerk will receive a notification of the client's death
 - a) Collection Clerk reviews the local newspaper's obituary column for consumer names. If a copy of the death certificate is not received, the Collection Clerk will access the Social Security Death Index to verify death.
<http://ssdi.rootsweb.ancestry.com/cgi-bin/ssdi.cgi>
 - b) Copy of death certificate received from family, payee or guardian.
 - c) SCS collection agency will notify Collection Clerk of a client's death. Collection Clerk will ask SCS to send verification.
- 2) The Collection Clerk will enter a note "Client expired, no spouse, no estate" in the Keane billing program on the proper date of service using option #8 "Account Update" in the A/R menu and going to option #2 "account notes".
- 3) Collection Clerk will forward copy of death notice with the amount of unpaid balance due to ABC Supervisor for write off approval.
- 4) Approved write off is forwarded to the A/R Clerk for transaction entry on to the account. Refer to P&P #1127 "Transactions".
- 5) Write off dollar limitations for ABC Supervisor do not apply as balance must be written off if there is no estate or no spouse.

D. Long-term Institutionalization and Long-term Incarceration (more than 1 year)
In cases of long-term institutionalization and long-term incarceration where we know the client does not or will not have funds to reimburse Brown County, the remaining unpaid balance will be written off.

- 1) Refer to P&P #1110 "Collection".

E. Too Late To Bill

Per Medical Assistance and commercial insurance contracts, claims with date of service over 1 year old are un-payable. These amounts are to be written off. Per Medicare contract, claims with date of service over 15 months old are un-payable. These amounts are to be written off. There are occasions due to clerical error or problems getting a claim to process through correctly that the deadlines for filing are missed. If this occurs, the amounts need to be written off.

F. Clerical Error

If a denial for payment on a claim is received due to a clerical error on the claim and the claim can not be re-billed, the unpaid amount will be written off.

G. Charges in excess of ATP amount is assigned

Hospital and clinic outpatient clients are assigned a monthly ATP amount based on their income in accordance with the sliding fee scale mandated by the State of Wisconsin. Charges in excess of the client's assigned ATP are to be written off.

2. Discretionary Write Offs

A. Client Request for Fee Reduction

- 1) Clients may request for a fee reduction on the unpaid balance of their account or request a reduction on their monthly assigned ATP amount.
- 2) Collection Clerk will forward request form and instructions to the client upon request.
- 3) Clients are to complete and submit the "Request for Fee Reduction" form and provide proof of income (paycheck stub; copy of tax return; copy of SSI check; copy of U/C check) to the Collection Clerk. Collection Clerk will forward all documents to the ABC Department Supervisor.
- 4) On the request form, the client is to indicate hardship reason for which he (she) is unable to make monthly payment.
- 5) Clients are asked to indicate either a monthly ATP amount they would be able to pay or a payment in full amount that they feel they can commit to.
- 6) If expenditures are deemed unreasonable, additional proof of monthly expenses claimed on reduction request will be requested..
- 7) Fee reduction request is reviewed by ABC Supervisor with the following considerations:
 - a) The reasonableness of the offered payment amount or requested write off amount
 - b) Offered payment is reviewed in terms of the client's income vs expenses.
 - c) Payment history of the account is reviewed.
 - d) ATP/sliding scale calculation and repayment timeline.
- 8) ABC Supervisor or Collection Clerk will send client a notification letter indicating the request outcome and a copy of the letter will be placed in the client's financial folder.
- 9) ABC Supervisor or Collection Clerk will type a note on the account in the Keane billing program indicating the request outcome and the amount to be written off using option #8 "Account Update" in the A/R menu and going to option #2 "account notes".

- 10) ABC Supervisor will forward a copy of the write off approval to the A/R Clerk for write off transaction to be completed (refer to P&P #1127 "Transactions").

B. Doctor/Therapist Request for Fee Reduction

- 1) Per the Wisconsin Administrative Code, Chapter HFS 1 "Uniform Fee" HFS1.01 (7):

"EXEMPTION FROM LIABILITY. If it is determined in the case of a particular family that the accomplishment of the purpose of a service would be significantly impaired by the imposition of liability, the accrual of liability during a period not to exceed 90 days may be voided in whole or in part by the appropriate payment approval authority. If the need to avoid imposition of liability continues, a further cancellation may be granted."

- a) The physician and/or therapist can request an exemption of the fee for a client if the service is deemed necessary and the client is unable to pay the fee.
- b) Exemption may be for inpatient services; AODA services; and/or CTP Outpatient services.
- c) Fee exemption is not to exceed 90 days.
- d) Request is reviewed by the ABC Supervisor.
- e) Fee exemption is noted on the client's account in the Keane billing program by the ABC Supervisor by using option #8 "Account Update" in the A/R menu and going to option #2 "account notes".
- f) The Outpatient Admissions Clerk will notify the client by letter as to the decision of granting a Fee Exemption for a period of 90 days.
- g) Fee exemption cases will be reviewed by the ABC Supervisor every 90 days. If there is a question regarding the exemption, the Inpatient Services Manager; AODA Manager; or CTP Manager will be involved.
- h) ABC Supervisor will forward write off approval on charges for services provided to A/R Clerk to complete write off transactions (refer to P&P #1127 "Transactions").

3. Write Off Limitations and Reviews

- A. Maximum allowable write off limitation for ABC Supervisor is \$7500.
- B. Write offs in amounts over \$7500 will be forwarded to the Budget/Finance Manager for approval.
- C. If the Budget/Finance Manager is unavailable, request for write off's over \$7500 will be forwarded to the Hospital & Nursing Home Administrator for approval.
- D. The Accountant Manager will record the correct G/L monthly entry to move the write off amounts from accounts receivable to the allowance for bad debt.
 - 1) Accountant Manager will review write off transaction batches monthly to determine total amount for G/L entry.
- E. Budget/Finance Manager will review write off batch transactions on a monthly basis.

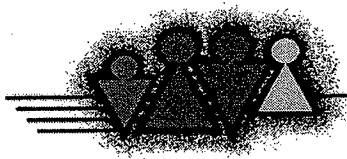
REFERENCES:

P&P #1104 Bankruptcy Notification

P&P #1127 Transactions

Wisconsin Administrative Code

FORMS/ATTACHMENTS: None



Human Services Department Policies and Procedures

Policy Title:	Bad Debt – Placed at Collection Agency		
Policy #:	ABC - 1130	Effective:	9/08
Division	Mental Health Center – ABC Department	Revised:	9/08
Cross Ref. #:		Reviewed:	

PURPOSE: To establish procedures for referring private (self) pay past due account balances to a private collection agency.

POLICY: It is the policy of the Brown County Mental Health Center to place delinquent private (self) pay past due unpaid account balances with a private collection agency as bad debt accounts after all collection attempts pursued by Brown County staff have been exhausted.

DEFINITIONS:

ABC Supervisor	Admissions, Billing, Collections Department Supervisor
A/R	Accounts Receivable
A/R Clerk	Account Clerk I in Accounts Receivables
Collection Clerk	Account Clerk I in Collections
EOD	End of Day
MHC	Mental Health Center
PO	Purchase Order
SCS	State Collection Services (Private Collection Agency)
TRIP	Tax Refund Intercept Program

PROCEDURE:

After all collection efforts have been exhausted by the Collection Clerk (refer to P&P #1110 Collection), the unpaid account is considered bad debt and will be placed with SCS, a private collection agency.

1. FLAGGING AN ACCOUNT AS PRE-BAD DEBT

After monthly statements have been reviewed and corrected, the Collection Clerk will complete the steps to flag unpaid past due account balances as pre-bad debt in the Keane system to prepare the account for placement with collection agency.

A. On the Keane A/R menu, the Collection Clerk will select option #8 “account update”.

B. Collection Clerk will enter the clients last and first initial and then choose the correct client from the name list by entering a “1” next to the client’s name.

- C. Collection Clerk will enter option #18 "matching account records search" and search by option #2 "medical record number". This option will list all bill numbers assigned to this particular client.
- D. Collection Clerk will choose option #31 "payor information" next to each patient bill number assigned to a past due unpaid balance that is to be placed with SCS for collection.
- E. On the payor information screen the Collection Clerk will change the "financial class" indicated on the screen by typing "coll" and change the "override" indicated on the screen by typing "Y". Collection Clerk will then hit the "enter" key.

2. PLACING BAD DEBT ACCOUNTS WITH SCS

After all past due unpaid accounts have been placed as pre-bad debt in the Keane system, the Collection Clerk will complete the process of placing the account as a bad debt with the private collection agency.

- A. On the Keane A/R menu the Collection Clerk will choose option #21 "Bad Debt Prelist" and a report will print which indicates all accounts flagged as pre-bad debt.
- B. Collection Clerk will go to the print queue by selecting the F10 key. On the print queue the Collection Clerk will delete the "print spools" indicated on the screen by placing a "4" next to the print spool and hitting enter.
- C. Collection Clerk will wait until the (software required) 2 days EOD processes to run in the Keane system.
- D. After 2 days, in the Keane A/R menu the Collection Clerk will select option #22 "Bad Debt Update" and hit the enter key.
- E. A Bad Debt report will be generated and will print automatically. Collection Clerk will verify the pre-bad debt listing of accounts to the Bad Debt report.
- F. Collection Clerk will wait the (software required) 1 day for EOD process to run in the Keane system.
- G. After 1 day, in the Keane A/R menu the Collection Clerk will once again select option #22 "Bad Debt Update" and hit the enter key. This process will place a "P" next to each account selected as pre-bad debt.
- H. Another Bad Debt report will be generated and will print automatically. Collection Clerk will verify the report to previous Bad Debt report.
- I. When EOD runs in Keane that night, the "P" for pre-bad debt will be replaced with a "B" indicating the account has been listed as bad debt.
- J. On the last Bad Debt report generated, the Collection Clerk will write next to each account in red ink the account type using the account codes as follows:
 - 1) W381-JNC Indicates Jackie Nitchke Center account
 - 2) W380-Klinic Indicates clinic account
 - 3) W379-OP Indicates outpatient hospital account
 - 4) W378-IP Indicates inpatient hospital account
- K. Collection Clerk will make copy of final Bad Debt Report and place copy in the SCS binder located in the Collection Department.
- L. Collection Clerk will send the original final Bad Debt Report to SCS with cover letter.

- 1) Cover letter is saved in A/R word shared drive on the computer in the SCS folder.

M. Original Pre-bad debt list is discarded.

3. STATE OF WISCONSIN DEPARTMENT OF REVENUE "TRIP" PROGRAM

Sec. 71.935, Wisconsin Statutes permits the Wisconsin Department of Revenue to intercept, or set off, taxpayer refunds and other refundable credits against certain county/municipality debts.

- A. In 2005 the ABC Department Supervisor forwarded TRIP information to Corporation Counsel for review. Corporation Counsel advised the Human Services Director that an agreement between SCS and MHC to enroll in TRIP would be valid.
- B. In 2006 SCS enrolled MHC in the TRIP program.
- C. SCS utilizes and maintains qualifying MHC accounts with the State of Wisconsin Department of Revenue TRIP program in their collection efforts.
 - 1) Right to refund is limited if debtor has filed bankruptcy. (Refer to State of Wisconsin Department of Revenue Publication 218 N.3/03 "Refund Interception Guide for Counties and Municipalities").
 - 2) Right of refund is limited if debtor is receiving SSI or SSDI payments, per SCS Legal Department.
- D. State of Wisconsin Department of Revenue bills MHC directly a collection fee of 2% of the amount intercepted.
- E. State of Wisconsin Department of Revenue will forward amount intercepted to SCS.
- F. SCS will include intercepted amount on monthly reimbursement check. A/R Clerk will enter payments into the Keane system. (Refer to Item #5 below)
- G. State of Wisconsin Department of Revenue sends quarterly TRIP report to MHC which indicates the total amount intercepted by the year.
 - 1) ABC Department Supervisor receives the quarterly TRIP report and forwards the report to the Collection Clerk.
 - 2) Collection Clerk files report in TRIP binder located in the Collections Department.

4. SCS SUIT AUTHORIZATIONS

During their collection process, SCS may make a determination based on their criteria to file a lawsuit in small claims court against a client with a past due unpaid balance.

- A. In order for SCS to continue their collection efforts in small claims court, a Suit Authorization form is sent to Brown County MHC for approval.
- B. Collection Clerk will receive the Suit Authorization form from SCS in the mail.
- C. Collection Clerk will make a copy of the "Demographic Form" with the client's signature from the client's financial folder located in the Billing Department.
- D. Collection Clerk will print itemized bills for account indicated in suit, which will reflect charges, payments and account balance.
 - 1) In the Keane A/R menu the Collection Clerk will choose option #8 "account update".

- 2) Collection Clerk will type in patient bill number and choose option #10 "demand bill".
- 3) Next to "Forms to Print" indicated on the screen, the Collection Clerk will type "Y" next to "detail" and hit enter.
- 4) Itemized bill will print.
- E. Collection Clerk will bring Suit Authorization form to ABC Supervisor along with copies of itemized bill and demographic form.
- F. ABC Supervisor will verify account bad debt amount in the Keane system and sign approval on Suit Authorization form.
 - 1) ABC Supervisor will choose option #8 "account update" in the Keane A/R menu.
 - 2) ABC Supervisor will enter in patient bill number to verify amount due.
- G. Collection Clerk will copy approved/signed Suit Authorization form, demographic form and itemized bill. Copies will be placed in client's financial folder located in the Billing Department.
- H. Collection Clerk will forward original approved/signed Suit Authorization form, demographic form and itemized bill to SCS.
- I. SCS will retain a local attorney to appear in court on behalf of Brown County MHC.

5. SCS PAYMENTS RECEIVED

- A. SCS forwards reimbursement check monthly to MHC for the total amount collection on bad debt less their collection fee.
- B. Per contract, SCS will deduct contingency fee on all collected amounts. (Refer to Blanket PO #2004-01201.00)
- C. SCS forwards a collection Activity Report with the reimbursement check which indicates amount collected and account numbers.
- D. Reimbursement check includes accounts where TRIP collections occurred.
- E. Reimbursement check is receipted and deposited (Refer to P&P Receipting and Depositing of Funds)
- F. Collection Activity Report is forwarded to the Collection Clerk.
 - 1) Collection Clerk will indicate on the Activity Report the account codes (see Item J above) next to each payment in red ink.
 - 2) Collection Clerk will complete the "reversal of bad debt" entry on each account paid listed on the Activity Report (Refer to P&P #1127 Transactions).
 - 3) Collection Clerk will make copy of the Activity Report and forward to A/R Clerk.
- G. A/R Clerk will enter and post transactions from the collection Activity Report to appropriate accounts per P&P #1127 Transactions.

6. OUTLAWED (Canceled) ACCOUNTS

- A. Monthly Activity Report received from SCS will indicate which accounts SCS has Outlawed (canceled).
- B. SCS will outlaw an account after 10 years of collection efforts and no results, per state statutes.

C. When reviewing the monthly SCS Activity Report, the Collection Clerk will place a note on the account indicating the account has been canceled by SCS.

- 1) In the Keane A/R menu the Collection Clerk will select option #8 "account update".
- 2) Collection Clerk will enter in the patient bill number as prompted on screen that appears.
- 3) Collection Clerk will select option #2 "account notes" and hit enter.
- 4) Collection Clerk will hit the F7 key to enter in a test note.
- 5) Collection Clerk will select note type as "coll" and place an "N" next to history note prompt and hit enter.

REFERENCES:

P&P Receipting and Depositing of Funds

P&P #1110 Collection

P&P #1127 Transactions

State of Wisconsin Dept of Revenue Publication 218 (N. 3/03) Refund Interception Guide for counties and Municipalities

PO #2004-1201.00

FORMS/ATTACHMENTS: None.



**Human Services Department
Policies and Procedures**



Policy Title:	Valuation of Accounts Receivable		Page
Policy #:	MHC - 1202	Originated:	
Division	Administrative Services	Revised:	
Cross Ref. #:		Reviewed:	

PURPOSE: To establish procedures to estimate the value of the accounts receivable balance for the Mental Health Center.

POLICY: It is policy of the Mental Health Center staff to follow established guidelines to calculate the estimated accounts receivable and allowance for uncollectible account balances for the financial statements.

DEFINITIONS:

MHC	Brown County Mental Health Center
Accounts Receivable (A/R)	An accumulated balance of unpaid charges for services rendered to clients by MHC
Valuation	The process of estimating the amount of receivables that will be collected.
ATB	Aged Trial Balance; List of receivable balances grouped by length of time since debt was incurred
Sub-Type	Type of Service and presenting problem
Financial Class	Client's primary funding at time of admission
MBA	Municipal Budget Accounting software program

PROCEDURE:

1. This procedure is completed on the first day of each month by the Accountant Manager at MHC.
 - A. The ATB will be run for the preceding month on the Keane Billing System.
 - i. To access the Keane System log on to the AS400.
 - ii. Select the Admissions/Billing/Medical Record option.
 - iii. Move down the menu to the Aged Trial Balance section and select "User Defined ATB" by entering the option number shown next to this title and press enter.
 - iv. On the report option screen, select #5 – "Run" to run the report.
 - v. The next line requires the ATB name, press F4 for a list of ATB's and select ATB "FCSTFC", press enter, a review screen appears, enter, than a print options screen, and enter.
 - vi. Press F10 to go to the print queue. Select F5 to bring report up on the screen, this report takes a while to run so you may have to wait a few minutes.

- vii. To look at the report, put a 5 in front of the report title and press enter. The report comes up on the screen for review.
 - viii. To print the report put a 2 in front of the report title and hit enter. Tab to the bottom of the page and type outq(GMHC2001DP)
 - ix. Put a 6 in front of the title and hit enter to release the report.
- B. Retrieve the report from the printer. This report provides an aged trail balance by client sub-type and financial class. The accounts are aged from each client's admission date.
2. The information from this report is entered on an Excel spreadsheet (AR2008), tab (aging by funding) so it can be sorted and totaled. This spreadsheet is saved under the Accountant Manager's password on the MHC server U drive.
3. The Outpatient and Inpatient Receivable balances per the ATB are compared to the general ledger balances and any significant variances are investigated. The general ledger is automatically produced each month when the Accountant Manager does the MBA close and is kept in the Accountant Managers office until the new one is created at the end of the next month, than it is discarded, Any adjustments needed to agree the ledger to the ATB will be made with an offset to the appropriate Allowance for Bad Debt account.
4. The balance for the Allowance for Bad Debt account is estimated as follows:
- A. A collection percentage by payer is calculated annually. This is completed by comparing the previous year's collections to the previous year's charges. The resulting percent are reviewed for reasonableness and used as a basis to estimate collections percentages for the current year.
 - B. The resulting percentages are applied to the portion of the A/R balance that is less than two years old. This amount is considered the collectible portion of the receivable.
 - C. The Allowance for Bad Debt account equals the total receivable balance less the calculated collectable portion.
 - D. If an adjustment to the Allowance for Bad Debt balance is deemed necessary, an adjusting journal entry is made to set the allowance account to the proper balance; the offset of this entry is to the Bad Debt expenditure account.
 - E. This calculation is done separately for inpatient and outpatient receivables.

REFERENCES:

FORMS/ATTACHMENTS:

APPROVAL:

Accountant Manager

Date

Management and Budget

Date

Executive Director

Date

9

MINUTES OF THE WCHSA EXECUTIVE BOARD MEETING

Thursday, November 6, 2008

Comfort Inn, Plover, WI

Call to Order: Chairman Lou Plaisance called the meeting to order at 9:30 am. Lou noted that this would be his last meeting as Chair and he thanked everyone for their support.

Members Present: Neal Blackburn, John Chrest, Alice Connors, William Downie, Mary Hahn, Bob Haupt, Cheryl Huenink, Randy Jacquet, Richard Johns, Glen Johnson, Jim Mode, Gene Phillips, Lou Plaisance, Roy Sargeant, Phil Schneider, Loretta Shellman, Elizabeth Skulan, Bill Topel, Lois Trever, Vicki Tylka, Linda Van Ness, and Ann Wondergem.

Others present: Michelle Buehl-DOC/DJC, Sarah Diedrick-Kasdorf-WCA, Faith Elford, Liz Green, Tammy Kincaid, Carolyn Kolson-Janov, Liz Mahloch, Don Maurer, Mark Mertens, Bill Orth, Terri Perry, Eric Pritzl, Ray Przybelski, John Rathman, Kathy Roetter, Jack Schad, Tom Schleitwiler, Ron Schmidt, Mark Seidl, Paul Spencer, Jr., and Diane Waller-DHS and DCF.

Approval of Minutes: The minutes of the October 2, 2008, Meeting were approved as submitted.

Agenda Overview

Partner Agency Reports

- Wisconsin Counties Association – Sarah Diedrick-Kasdorf
 - Democrats took over the State Assembly in this election. It should be interesting to see how they handle the \$3-5 Billion deficit.
 - Committee on High Risk juvenile Offenders - 10 bills but nothing moved on yet. 17-yr olds-discussed briefly. Sen. Carpenter suggested splitting the 17 yr. olds to keep more serious offenses in adult court and putting lesser offense back in juvenile court. Meeting again Dec. 17th, which may be the last meeting and they think they will have a bill done.
 - Strengthening Families meeting - next Friday. Home visitation and CSTs are on the agenda. Same topics as two years ago.
 - 17 yr. old issue - Council on Children & Families met last week. Only the Council listed this as a high priority issue. AFSCME, the State Bar, WAFCA and WCA said that it wasn't a high priority, considering multiple funding needs. A potential fallback position discussed was legislation similar to that adopted in Connecticut, which would set a future date for implementation. The general opinion was that it is a good idea in theory but without funding in place, it is too risky.
 - ICWA-Indian Child Welfare Act - Sen. Jauck is holding a meeting next Thursday for comments on a bill draft of 169 pages. He is looking to put a panel together to talk about what they like and don't like in the draft. Sarah is hoping to have someone from WCHSA at the meeting.
- Department of Health Services and Department of Children and Families – Diane Waller
 - An email was sent regarding the survey on Adults at Risk and analyzing the results. Information will be sent to Faith to distribute by email.
MOTION: Remind State of the WCHSA memo review process. Informational memos that are not required to be sent to WCHSA should have no fiscal impact. Motion carried.
 - Issue Paper regarding Child Care Administration Contract Allocations – this is an internal paper for the Secretaries and they would like WCHSA's opinion.
MOTION: To recommend Option #2 because County budgets are already done and Counties have included this funding. Motion carried.
 - This is Diane's last meeting because she is retiring December 18th. Diane worked with WCHSA for 16 years.
- Department of Corrections – Michelle Buehl and Wes Ray

- Distributed a new list of sex offender ordinances.
- The web based training is moving forward. As of January 2009, the training system will be tested for first 6 months. The live 5 day class will still be offered until June. The first official web-based training may be Sept 2009. Counties will need to notify Michelle at least 5 days before staff takes the training. **MOTION: to send a letter of support for the web-based training to DJC. Motion carried. The letter will include answers to questions.**
- Michelle handed out a reference page of Juvenile Justice articles
- Wes Ray spoke regarding the Wisconsin Community-based Juvenile Justice Survey. The reason for the survey was that HSRS can no longer be used after 2008. The DOC/DJC Technical Advisory Committee was asked to assist in creating a new way to report. DJC surveyed counties regarding which system they want to use in 2009: 46-EWISACWIS; 15 JJ; and 11-no decision yet. A committee met several times and put definitions together. DCF & DJC will collaborate to produce a statewide report and exchange data. **MOTION: WCHSA supports this survey. Motion carried.**

Policy Advisory Committee Action Items/Reports

- Economic Support – Co-Chairs Ed Kamin and John Rathman
 - Update on W-2 Deob and Reob - met on Oct 17th with DCF. The projections are that there is enough money to support benefits across the state. Discussed allowing multi-agencies to move money around and contacting surplus counties to help the 6 counties that may not have enough.
 - FSET Plan Updates – plans are due on Nov 10th if you want to have a plan.
 - Proposed Resolution Regarding the Future of Economic Support Services – **MOTION: Move that Wisconsin County Human Services Association oppose efforts to privatize and/or centralize Economic Support Services because it reduces the effectiveness of counties in coordinating case management and services to vulnerable populations. Further move that the Department of Health Services (DHS) allow for advance planning with the WCHSA Economic Support Policy Advisory Committee (ESPAC), the Income Maintenance Advisory Committee (IMAC) and the WCHSA Executive Committee prior to any additional privatization of ES programs, and to plan for areas of the Economic Support Workload that could be managed centrally without negative impacts on local citizens. Motion carried.**
 - Proposed Resolution Regarding a Review of the Enrollment Service Center (ESC) – **MOTION: Move that WCHSA formally request that the State of Wisconsin complete an independent and comprehensive study of the first year of operations of the new Enrollment Support Center (ESC) being opened to provide eligibility determinations for all childless adults between the ages of 19-64. This study should be completed by March of 2010 and it should include outcome data on five key elements which include; (1) the accuracy rate of the eligibility cases completed in the ESC, (2) the average cost per case to complete eligibility for childless adults at the ESC, (3) the timeliness of case processing of cases sent to the ESC, (4) formal independent customer service surveys, and lastly (5) a list of major issues or concerns in providing these services outside the integrated human services delivery system (including feedback from IMAC and local agencies). WCHSA highly recommends that this study then be used for future State, ESPAC, IMAC, and WCHSA joint planning focusing on the future direction of the Enrollment Service Center. Finally, WCHSA reiterates the need for the State of Wisconsin to invest in a data system that will provide local agencies with the necessary automated tools to help them efficiently and effectively process the rising number of Economic Support cases that continue to become more and more challenging to process. Motion carried.**
 - ESPAC Pre-Conference Presentations on Dec 4th: 1-2:15pm regarding the IM Workload Model and 2:30-4:40pm regarding the Enrollment Service Center (BadgerCare Plus for Childless Adults).

- Plans for an Economic Support Summit to Identify Potential Computer, Program, and Policy Changes in all ES Program Areas that Would Reduce Workloads and Save Money for All Levels of Government (Counties, State and Feds) – this was talked about with the Secretaries. Looking at a Jan-Feb timeframe.
- Behavioral Health – Co-Chairs Kathy Roetter and Mark Seidl
 - WCMH Criminal Justice Committee's Request – whether or not to do a study of mental health services provided to county jails. Services are currently different between counties and generally are inadequate. **MOTION: BHPAC wants WCHSA to support this study. Sara noted that Sheriffs are concerned that the information would be used against them in lawsuits regarding the lack of care. The motion was postponed until Jan meeting when more information will be available.**
- Children, Youth and Families – Co Chairs Mark Mertens and Carol Wright
 - Seventeen (17) Year Old Issue Update-material is on the website with the meeting agenda. Milwaukee County is now in the information. **Motion: Adopt the survey results. Motion carried.**
 - Inter-County Venue Agreement-committee has had a 2nd meeting and is working on changes.
- Long Term Support – Co-Chair Jack Schad
 - County Responsibilities Post-Redesign – this is still a work in progress.
 - Birth to Three Program Parent Payments Workgroup – nothing new to report.
 - Children's LTC Council Proposal - **MOTION: that WCHSA support the Children's LTC Council proposal. Motion Carried.**

Standing Committees Action Items/Reports

- Public Policy – Dave Titus
 - 2009-2011 WCHSA Platform - Ann Wondergem and Jack Schad discussed its development and about a couple of items that are still not in the existing platform. **MOTION: To approve the current document, understanding that it is a living document and can be changed and that it is not a prioritized list. Motion carried.**
- Conference Updates
 - December 5, 2008: Stevens Point; Behavioral Health Services Theme – Chair Kathy Roetter
 - May 6-7-8, 2009: Wisconsin Dells Area – Chair Randy Jacquet – Committee has phone conference meeting next Monday at 2pm.
- Membership & Dues Committee – Neal Blackburn-no report
- Awards Committee – Alice Connors-no report

Ad Hoc Committees and Reports

- ADRC Ad Hoc Committee – Glen Johnson – They had a meeting with Sinikka Santala in Madison. DHS is proposing increased funding of 18%. It was requested that counties share their success stories with the legislature by sending to the DHS. They did not set up another meeting.

Other

- Meeting with Secretaries Bicha and Timberlake on October 23, 2008 Report – Ann Wondergem reported. Minutes of the meeting are on the WCHSA website. Will be meeting again on February 18, 2009, 1:00 to 2:30 pm at 1 W Wilson Street, Room 650.
- Long Term Care Council – Todd Romenesko-no report

Association Business

- Chairman's Report
- President's Report
 - National Governor's Association Grant to Wisconsin to Host Governor's Summit on Poverty and Economic Opportunity. **MOTION to support Rosemary Davis of Outagamie County to**

be part the Core Planning Team of the Governor's Summit on Poverty and Economic Opportunity. Motion carried.

- Request from WCCF to Consider a Children's Agenda Coalition – There has been an initial discussion about creating a group to look at children's issues and looking at other states' successes.
- New Directors and Board Members Supper and Introduction to WCHSA – December 4th at 5pm.
- Hope to see you all on December 4th at 7:30 for retirement party for Diane.
- Treasurer's Report – The monthly treasurer's report is on the WCHSA website. It was reported that 47 counties have paid their dues.
- Administrative Coordinator's Report - hoping to see more registrations for the conference next month.

Adjournment - Chairman Plaisance adjourned the Board meeting at 12:24 p.m.

Respectfully Submitted,

Faith A. Elford, WCHSA Coordinator

Suggestions for Secretary Timberlake and Bicha per WCHSA Request

Item	Mandated Issue	Suggested Remedy	Benefit if Changed
<p>Concern – The current requirement of considering pre-existing relative placements (placements arranged by a family that pre-date any Juvenile Court Involvement) as out of home placement cases results in these cases needing to be entered into eWiSACWIS, Permanency Plans completed and Permanency Hearings conducted. If there are no safety concerns involved, this is an unnecessary expenditure of staff time and an intrusion into the lives of these families, who have already come to a resolution of the placement issue.</p>	<p>Mandate – 938.34 is interpreted to include pre-existing relative placements as out of home placements, thereby requiring the completion of the out of home placement protocol, including Permanency Plans and Permanency Hearings.</p>	<p>Consider recommending a revision to the Juvenile Code, to exempt from the definition of out of home placements, pre-existing relative placements in which there are no safety concerns. These placements have been created by families independent of the Court or Agency and, in the absence of any safety concerns, the Juvenile Code, as currently written, results in an unnecessary intrusion into these families lives and also entails a substantial commitment of staff time to address issues that have already been addressed by these families. Discussing alternative placement plans as part of the discussion of permanency in these cases also causes unnecessary anxiety among family members who have already arrived at these decisions.</p>	<p>County Department Staff Time.</p>
<p>Concern – Youth placed in Secure Correctional Facilities many times have very similar characteristics to IV-E eligible youth and many of them have been previously eligible for that</p>	<p>Mandate – Corrections youth are not eligible for IV-E funding.</p>	<p>DCF, in partnership with the Division of Juvenile Corrections, advocate with the Federal Government to consider expanding IV-E eligibility to this group of youth, thereby</p>	<p>County financial and staff resources</p>

<p>funding. However, their placement in a Correctional Facility makes them ineligible.</p>		<p>providing for an additional funding source for services to these clients. Many of these youth have significant treatment needs, may well have previously been IV-E eligible in an earlier placement and IV-E eligibility in a Secure Correctional Facility provides them with the possibility of medical assistance reimbursement for some of these services, thereby reducing the cost to Counties and freeing up these funds for additional community-based services. A further development of this concept includes consideration of Clinical Services in Correctional Facilities exploring the possibility of being licensed as a mental health facility, allowing for possible funding through private insurance and Medical Assistance.</p>	
<p>Duplicate Tracking of CPS Caseworker and Supervisor Training. After staff and sups attend training, the Training Partnership registers, records, and notifies counties of training workers took.</p>	<p>HFS 43 requires training and state requires county supervisors to enter the data into eWiSACWIS.</p>	<ol style="list-style-type: none"> 1. Provide access to training/staff area of eWiSACWIS to Training Partnerships. 2. Have Partnerships enter trainings directly into eWiSACWIS. 3. Develop report for agencies to inquire as to training attended (by worker and by agency). 	<p>Efficiencies via elimination of duplicate processes and saving of valuable supervisory time.</p>

County Responsibility to pay for IMD (i.e., State Institute Costs) Placements vs. Care Management Organization. CMO's presently have no incentive to move expeditiously to move person back into community.	Ch. 51 and State Policy	Change rule and statute to require CMO's to pay for 25% of IMD costs when placement continues beyond 72 hours for enrolled clients. This would provide incentive to both the County and the CMO.	County tax levy and client benefit.
CARES System "bugs" resulting in improper Badger Care Plus application and premium payments processing. a) CARES often sets premium amount but when premium is received and worker tries to process, the amount has changed. b) If several months of Premiums due, system Sometimes doesn't permit Staff to enter.	Statutory obligation of counties and OPS memos	Fix so system is accurate and efficient.	Duplicative processes and "report" work for Economic Support Staff and Supervisors. Better customer service and reduced client dissatisfaction. Increased premium collections.
Improve the integrity of the Child Care Subsidy program. When fraud is suspected, it eventually falls on the worker to collect information/investigate. Caseloads simply don't permit time to follow up.		Allocate fraud resources specifically for suspected Child Care Fraud situations.	Savings of tax dollars.
Lack of State direction, clarity, and assistance re: Uniform Fee System and Regulations.	HFS 1 HFS 1.03(8) HFS 2.03(19)	State to assign responsibility for Uniform Fee System to specific individual, and provide verbal and written direction regarding situational needs for interpretation.	Consistency, better customer service, potentially increased revenue for counties.

Need for additional resources for efficient implementation of caseworker contact requirement for children and juveniles in out-of-home care	DSP Memo 2008-01 2/28/07	Provide funding to counties for notebooks and Dragon Speak software to permit voice to text recognition.	Time, efficiency, ability to meet standards.
Mandate to conduct safety assessments in foster and relative placements.	DSP Memo 2008-07 11/3/08	Remove requirement for foster homes – maintain contact standard for children in placement.	Unnecessary/duplicative “paperwork” - filling out forms doesn’t assure safety.

Mandate Relief/Suggested Programming Reductions:

This is a listing of suggested mandate relief ideas that have surfaced from WCHSA member organizations and individuals. It is fully realized that not all of these suggestions may fit into what the various Departments of State government are/were looking for and that not all of these items will be given considerations but none-the-less these are the suggestions received:

- 1. Eliminate 2nd Party Reviews and Random Moment Studies***
- 2. In the Medicaid Waivers program, we are restricted from collecting any more than the room and board cost for someone in an AFH or CBRF. We have clients that receive a high level of Social Security and end up with over \$200 per month after the room and board is paid. When it reaches \$2000 they must spend down. We have trouble spending the money as they already have burial trusts and funeral costs paid and really don't have a lot of extra needs each month above the \$65 personal allowance they receive.***
- 3. I am writing in regards to the below correspondence regarding potential changes to the Birth to Three Program in Wisconsin. Ten years ago the child count for Forest, Vilas and Oneida Counties was 38-48 children. We are currently serving twice that many children, with only a VERY minimal increase in funding over that time period. From a county standpoint it is clear that some changes need to be made. Forest, Vilas and Oneida have been committed to serving children and their families in natural environments, but given our large geographical area this has also been a huge expense in terms of time and travel. Having the option to serve children in group settings could be significantly more cost effective, while also allowing the continuation of effective therapy services for children and their families. We would also recommend increasing the eligibility criteria to 30 or 35% delay. In the long run we hope that Wisconsin will pursue Birth to Three funding on a "per child" system. We are committed to***

operation of a quality Birth to Three program and would welcome participation in any workgroups.

- 4. One area I see for the County/Tribal agencies is the upcoming BadgerCare+ Childless Adults program, who's Federal Waiver was just approved this last week. To date, the best info I have received on the local agencies responsibilities has been from IMAC...which will be meeting again Thurs 11/20. The state is saying they will be administering/doing the program...one reason is because there is no administration \$ to give to the local agencies to do the program. However, there are all these local responsibilities tied to the expected cooperative effort to serve the client applying. I am assuming, unless something says different, that there will be no local admin \$ attached to these additional responsibilities...because 'we' aren't the designated administrator of the program. With the responsibilities defined thus far I see a huge increase in clerical and/or ES time to be in compliance with the responsibilities. They are presenting it like it is no big deal and like we can just incorporate it into what we are already doing w/out looking at it as any type of increase in workload. To find out the identified responsibilities thus far the best source to get that info from is IMAC...it has been on 2 of the most recent IMAC mtg agendas.*
- 5. Suggestions for the Secretary: 1. Do not move forward with HFS 35. Put on hold. 2. All decisions on rates for CCS should take no longer than 30 days. 3. Take \$10 million of the new federal Medicaid reimbursement increase (est. \$152 million) and return to CSDRB like program. All of these actions will save time, and increase dollars at the county level without increasing state dollars.*
- 6. The suggestion I would have is to fund Juvenile Correctional Institutions the same way adult facilities are funded, by the State. Take the Counties out of the loop. Courts send Youth to JCI placements whether or not the County recommends it. Each County handles those decisions differently. If there was a uniform way of determining which Youth should go to Correctional placements, and which should not, then there could be money saved. If you compare the type of youth that Oconto sends to Lincoln and the type of youth that Kenosha*

County sends to a JCI, you would see a vast difference. I heard a story once, that a youth was send to Lincoln for stealing money out of a vending machine.... If there were Statewide Uniform Criteria for JCI placements, then Youth would be placed in the most appropriate setting most of the time, not just some of the time.

7. The only thing I can think of off the top of my head has to do with ICWA. We are required to notify the tribe by registered mail which costs a significant amount of money. Certified mail could serve the same purpose and costs significantly less.
8. I can't really think of any rules or mandates related to Economic Support that would make a substantial difference in terms of county funds. Obviously, the state could scale back BadgerCare Plus (and not expand it to single adults in 2009) to make significant savings in the state budget..... Is there anything we could write up that would address all the Protective Placement reviews and evaluations for Guardianship that involve us sending our staff out of county to perform? I'm not sure if this is a big expense for Ozaukee but in Milwaukee it was extremely costly to send staff to Chippewa falls and to the northern counties for Protective Placement reviews. Birth to Three Policies a. Suggestion was made below to consider increasing the % delay required for Birth to 3 eligibility (I have heard from 25% to 33% delay). Yes, this should make some difference. I have also heard that some states require delays in more than 1 area to be eligible. b. I see many children eligible due to "atypical" development per HFS 90.08(5)(b) that adversely affects overall development but they do not meet the 25% delay criteria. Perhaps the definition of atypical could be refined. HFS 90 currently gives examples of atypical development as asymmetrical movement, variant speech and language patterns, delay in achieving interactive milestones such as exhibiting a pleasurable response to caregiver, sleep disturbance, or eating difficulties. The definition of atypical seems pretty general. c. If billing insurance for therapy was mandatory instead of optional for families, costs to counties would be greatly reduced. This is addressed in HFS 90.11(3)(b). I am not sure if this can be changed as it might be a federal guideline. Now may be the best time to redefine Child Abuse

and Neglect. Alleged abuse or harm by someone other than the custodial care giver could be the sole responsibility of law enforcement agencies. The duplication of investigations seems to be inefficient. It is our understanding that some Family Care Managed Care Organizations require that Service Authorizations need to be reissued or updated every six months even if there aren't any changes in the services provided. (We don't know if this is a state or federal requirement) This creates more work for family care teams and their support staff and increases the cost of case management services. Family Care Managed Care Organizations should not be required to terminate services to clients on family care at the time of an emergency detention placement. They should be allowed to bill for time spent in collaboration with mental health staff as well as their efforts to find providers who may be able to meet the needs of their client. Without this ability they have no financial incentive to work with counties to move clients back to the community as soon as possible. They also have very little incentive to develop community resources that can meet the special needs of these clients.

- 9. DSP Memo 2008-01 Caseworker Contact Requirement for Children and Juveniles in Out-of-Home Care.*
 - a. Amend the face to face contact requirement for children/juveniles in out-of-home placements in long term stable placements (longer than 12 months) from monthly to quarterly.*
 - b. Additionally, reduce the required face to face contact from monthly to every other month after 6 months in care.*
- 10. DCFS Memo 2007-01 Locating Non-Custodial Parents, Alleged Fathers and Other Relatives.*
 - a. Remove the requirement for county departments of Human or Social Services to make diligent efforts to search for non-custodial parents or alleged fathers and place the requirement with the Child Support Agencies. After the CSA has located the non-custodial parent or alleged father, require them to contact the department of Human or Social Services.*

DCFS Memo 2006-09 Child Protective Services Safety Intervention Standards.

- b. Amend the requirement that the on-going CPS worker must have twice a month face to face contact with the parent/caregiver and child in long term cases (lasting more than 12 months) for in-home cases to quarterly.*
- c. Amend the requirement that the on-going CPS worker must have monthly face to face contact with the parent/caregiver and the child in long term cases (lasting more than 12 months) for out-of-home cases to quarterly.*
- d. Additionally, reduce the month to month contact to every other month after 6 months in care.*

DCFS Memo 2006-08 Family Interaction for Child Protective Services Cases When a Child is in Out-of-Home Care.

- a. Amend the frequency of family interaction by eliminating the requirement that "it must occur no less than weekly". It is not always practical or affordable for parents to have weekly face to face contact with their children. Parents may not have access to reliable transportation, parents have many other obligations (i.e. work, counseling, schooling, other family obligations, extra curricular activities), children are placed many miles away, foster parents/caregivers availability, children's extra curricular activities, counseling, lack of supervised visitation personnel, lack of volunteer drivers, lack of agency funding, etc. etc. etc. Perhaps "no less than weekly" should be a best practice guideline, not a requirement.*

DCFS Memo 2005-10 Caseworker-Parent/Family Face-to-Face Contact for Child Protective Services Cases.

- a. Amend the requirement that the on-going social worker have face-to-face contact with child(ren) and individuals in a parenting role on a monthly basis in long term cases (lasting more than 12 months) to fit the individual circumstances of the case. Perhaps to no less than every 90 days.*

11. *I've never understood why there is no asset limit for family MA (BC+ now). Adding that would reduce the MA population. Or at least make them pay a premium based on their level of assets.*

12. *Eliminate the Prior Authorization requirement for transportation for MA recipients to travel to MA authorized medical appointments for volunteer drivers and those who provide transportation themselves or to household members. This is not required to coordinate transportation, nor is it helpful in identifying fraud. I am unclear whether this will require a change in statute, the previous Secretary of DHFS, Kevin Hayden, was under the impressions that it did not. Require W2 caretakers of infants to be attached to the workforce before and after the birth of the child to establish eligibility. Allow for the recoupment of W2 cash payments made to W2T's when they are determined eligible for SSI retroactively – target and use state GPR, rather than Federal TANF to pay benefits to those who are applying for and/or are currently in appeal status with Social Security to avoid issues with TANF requirements..... Lift the cap on the premium for purchasing BadgerCare for children so that it is truly income based (unless BadgerCare is really meant to be a universal healthcare policy for all children..... Clarify in statute 51.42 that the emergency and crisis care referred to in the statute is in regard to mental health and AODA costs and services only, not emergency care due to the medical needs of an individual when they present at the medical facility..... Require school districts to educate children who are placed in CCI's and RCC's within their regular funding formula without charging additional cost to counties for the educational fees..... Prioritize partnerships with DPI and DCF, so that there is no longer a disincentive to the schools after September when the school formula is complete to meet the educational needs of high needs children in the public school system. Find ways to eliminate the silos in transportation systems to coordinate the funding between departments and services, look particularly at those programs that provide transportation and funding based on the individual and try*

to integrate funding into the system as a whole..... Contract directly with tribes for out of home care placements, increasing efficiencies and eliminating the need for 161 agreements. Require insurance companies to cover Birth to Three services.....Pass legislation that ensures parity for mental health and substance abuse services..... Require all departments to offer trainings, provide education, and conduct meetings using remote technology..... Find more ways to allow for knowledge based information to be available via the Internet to allow for greater participation and to allow the information to be used multiple times for orientation and review. Use federal definition for Birth to Three Services to reduce number of children who are eligible for the service. Update the parental co-payment formula for Birth to Three to eliminate the cap. Consider changing eligibility criteria or establish waiting lists for services, if necessary, in some programs where there are substantial overruns (e.g. childcare). Postpone introducing new MA programs when if that currently exist are running deficits.

13. *Birth to 3 suggestions: Tighten the standard for the expressive speech criteria needed for determination of speech delay. Speech delay standards for Hispanic or other ethnic children who are learning two languages (bilingual) should be different from the English only or monolingual children. These children start out slower and then catch up later.*

Would save money on translators and screening time. Make billing a family's insurance company mandatory if they participate in Birth to 3. State philosophy re: adding a service to the IFSP is too permissive. Should have criteria for adding a service once a child is enrolled rather than the looser language allowing a service to be added for almost any reason. Incongruency between IFSP review timing and billing MA for TCM. MA requires the review meeting to be at or after 6 months to be billable, while the state B-3 requires an IFSP review to be done prior to the 6 month time table. This means that if the IFSP review is done according to state guidelines then the case manager won't be able to bill TCM. The county would then have to pick up the tab.

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14. *It seems that if the budget is tight, it might not be the best time to implement BadgerCare Plus for childless adults. If that is going forward anyway, maybe another look should be taken at setting up a whole new infrastructure for processing the cases at the state level. The county agencies will still have contact with the recipients as they are accustomed to coming to the local agency. Many will not be comfortable communicating only by internet or phone regarding their benefits.*
15. *We would like to see a revision in HFS 59, Licensure for Shelter Care Facilities, to allow for the voluntary, consensual placement of youth. Currently, the rule requires that all placements made must be in the interest of custody pending court action. Voluntary stays (e.g., for respite purposes) are not permitted which in turn requires the use of other, more expensive licensed settings (such as group or foster homes) for that care. When shelter care facilities have open bed capacity, available trained staff and fully funded operational budgets, we contend that a prohibition on voluntary use requires an unnecessary expenditure of public funds to purchase alternative care while doing no better job to protect the health, safety or rights of children.*
- 16.

STATE OF WISCONSIN
Department of Children and Families
Division of Safety and Permanence

DSP Memo Series 2008 -09
November 25, 2008
Re: TARGETED CASE
MANAGEMENT CLAIMING
FOR CHILD WELFARE STAFF

RESCINDS Memo Series 2008-04

REINSTATES Memo Series 2004-17

To: Area Administrators/ Human Services Area Coordinators
Bureau Directors
Child Placing Agency Directors
Child Welfare Agency Directors
County Departments of Community Programs Directors
County Departments of Developmental Disabilities
Services Directors
County Departments of Human Services Directors
County Departments of Social Services Directors
Indian Child Welfare Directors
Licensing Chiefs/Section Chiefs
Tribal Chairpersons/Human Services Facilitators

From: Cyrus A. Behroozi
Administrator



In June 2008, Congress passed a moratorium on implementation of the Interim Final Rule for Case Management Services issued by the federal Centers for Medicare and Medicaid Services (CMS) in February 2008. This moratorium delays implementation of many components of the Interim File Rule until April 1, 2009. These delays include the prohibition on claiming Medicaid Targeted Case Management (TCM) reimbursement for services provided by child welfare staff to children otherwise eligible for these Medicaid services.

As indicated in DCFS Memo Series 2008-04, the effective date of this rule was March 4, 2008 and as of that date, the Department of Health and Family Services (DHFS), now known as the Department of Health Services (DHS), discontinued TCM claiming for children and juveniles in out-of-home care who were not eligible for federal Title IV-E reimbursement. Given the allowance provided by the moratorium to continue TCM claiming, the DHS, on behalf of the Department of Children and Families (DCF), will resume TCM claiming for non-IV-E eligible children and juveniles in out-of-home care as specified in DCFS (now the Division of Safety and Permanence) Memo Series 2004-17.

The DHS will resume TCM claiming for non-IV-E eligible children and juveniles in out-of-home care served from March 2008 forward. However, county agency and private provider agency TCM claims for services provided during this period and 30 days from the date of the issuance of this memo will be reimbursed as allowed by state Medicaid policy. After 30 days from the issuance date of this memo, the DHS will become the primary claimant for TCM services provided to this population. Any claims submitted for this population by county child welfare agencies and private provider agencies after this date will be subject to disallowance.

Document Summary

This memo reinstates DCFS Memo Series 2004-17. After 30 days from the issuance date of this memo, the Department of Health Services will become the primary claimant for TCM services provided to children and youth in out of home care who are determined to be Title IV-E ineligible.

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MEMO WEB SITE: <http://dcf.wisconsin.gov/memos>

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